# The PUBLIC HEALTH NURSE

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## Simple Goiter: A Symposium

*By Hart Davis, M.D.*

## BIENNIAL NATIONAL NURSING CONVENTION, JUNE 16-21



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ELIZABETH GORDON FOX

*Director, Bureau of Public Health Nursing, American Red Cross*
*President, National Organization for Public Health Nursing*
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# *The* PUBLIC HEALTH NURSE

*Official Organ of The National Organization for Public Health Nursing*

Volume XVI JUNE, 1924 Number 6


## EDITORIAL

### A NEW DEPARTMENT AND A NEW SERIES

Some months ago a suggestion was made by the director of one of the large visiting nurse services that a department in the magazine devoted to a discussion of problems and policies, and to an informal exchange of ideas, would be helpful and stimulating from many points of view. A number of organizations in different parts of the country were communicated with, and the answers were unanimously and vigorously in favor of such a department. The question was taken up with members of the publications committee, who approved the idea, but who felt that the department should be broadened to include all public health organizations employing public health nurses—city, state and county, as well as the voluntary associations.

The general plan for the department is as follows:

Space allowed—Two or three pages.

Contributors—Professional or lay workers connected with a public health organization.

Material—Subjects concerning programs, policies or problems of public health nursing, which may profitably be discussed within the limit of 300 words.

It is suggested that the question and answer form can be used to advantage—brief forums could also be used. Informality and brevity are perhaps the main points to be considered.

It is thought best to have the department for the present edited by the editor. Here are some of the subjects suggested:

Methods of maintaining health of nurses and of other employees of the associations; plans for democratic control of policies and fair representation of all workers in outlining programs; effect of community chests on interest and responsibility of Board of Managers; proportion of budget which may be wisely assigned to a statistical department; possibility of collecting fees for health supervision; should records be written in the home or in the office?;

the perennial question of uniforms; methods of carrying work on Sundays; significance of a generalized service in relation to cost, number of visits, quality of visits and effect upon family; budgeting of time in a generalized service.

The department will probably not be initiated before September. This leaves plenty of time for all interested to consider what should go into it, and to send the material which will insure interesting and helpful development.

This new department offers an opportunity for the "flappers" in public health nursing to display their latest and most extreme innovations in the technique of a public health visit and to explain the broad and lasting results achieved on a fabulously small investment; it also offers the conservative an equal opportunity to defend her low heels, steady gait and reverence for tradition. The contribution must be terse, clear and of general interest. In case of doubt send it, and let the editor be the judge.

FLORENCE M. PATTERSON

IN this number we are beginning a series which we hope will be of interest to our readers. We do not know exactly what to call this series, but it is intended to present pictures of the various public health organizations through the country and wherever possible to have an actual picture of the "physical home" of the organization. In this way we hope to help our readers to visualize each other's surroundings. We are beginning, as is fit, with a sketch of "561," the home (though not the earliest one) for many years of the Boston Instructive District Nursing Association, the oldest in this country. The text accompanying the sketch is brief. The organization in its old and new form is already familiar to public health nurses. This will be followed by a longer article on the municipal nursing service of Baltimore. We will try to keep a balance, it will be perceived, between municipal, state, and voluntary organizations. We hope Mrs. Bullard's sketch will create a spirit of rivalry in the hearts of other organizations.

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## THE UBIQUITOUS ONE

*"In short, in matters vegetable, animal and mineral*
*I am the very model of a modern major-gineral!"*

In choosing your vocation,
For better or for worse
Consider what it means to be
A rural Public Health Nurse.

Have you had lots of training?
A college degree or two?
Without experience and a special course,
You'll never, never do.

Can you teach or give a speech?
Write in prose or verse?
If you can't you'd better not be
A rural Public Health Nurse.

Are you quite a diplomat?
Do you know the selling game?
If you don't, as a Public Health Nurse
You'll never make a name.

Have you unusual intellect
Without showing it a bit?
If so, with all the doctors
You're sure to make a hit.

Are you aggressive and have you force?
Can you plan and organize?
Can you be modest as becomes a maid
Yet not fail to advertise?

Can you just keep on "suspecting"
Without ever "*knowing*" what's wrong?
Can you recognize all symptoms?
To what diseases they belong?

Do you know all about a Ford?
Can you run a movie show?
Put on exhibits anywhere
That you are asked to go?

And so we've come to wonder,
As requirements we rehearse
If genius plus a life's preparation
*Could* make a Public Health Nurse.

*Hortense Hilbert*

# SIMPLE GOITER—A SYMPOSIUM

By Hart Davis, M.D.
Director of Medical Service, Child Health Demonstration, Mansfield, Ohio

SIMPLE goiter may occur anywhere and sporadic cases not infrequently develop in non-goitrous districts, but usually it occurs in certain distinct geographic areas or districts of greater or less extent as the case may be. The largest and best known of these goiter districts are:

1. The Himalaya Mountain area comprising a portion of northern India and the plateau region of Thibet and South China.
2. The Andes Mountain region of South America, embracing more particularly the Peruvian plateau.
3. The Swiss Alps and contiguous territory.
4. In the United States and Canada, the basins of the Great Lakes and the St. Lawrence river system and that area generally designated as the Pacific Northwest.

In certain subdivisions of these larger areas the incidence of goiter is so high as to include almost the entire human population as well as domestic animals, fish, et cetera. In fact, the live stock industry in certain sections of the United States and Canada was threatened with extinction until adequate preventive measures were instituted.

*History and Investigatory Measures*

Our earliest knowledge of goiter dates back to the dawn of history. There are written comments as early as 2000 B. C. The ancient Greeks recognized goiter and employed certain empiric therapeutic measures in its treatment which, by the way, differed only in refinements from our present-day methods. It was mentioned by Caesar of the Gauls. In England it has long been known as Derbyshire neck. In some sections of the world goiter is so commonly accepted through fact and tradition that its absence is considered a defect and its presence normal as well as ornamental.

The high incidence of goiter and the inevitable coincidence of cretinism in certain countries has led to the establishment at intervals of Goiter Commissions whose findings have been universally distressing. For instance, in 1883 in a single province of Austria there were found 12,815 cretins or 71 per 100,000 of the total population. In Styria there were 1045 per 100,000 and in Piedmont, Lombardy and Venetia 135 per 100,000. An earlier commission in France (1874) reported a total of 500,000 persons affected with goiter and 120,000 cretins or cretinoid idiots. (A cretin is an individual of dwarfish stature and low mentality, the result of a complete absence, or, at the most, a rudimentary trace of the thyroid gland.)

However, none of the many commissions seems to have accomplished more than a census of the incidence of goiter and cretinism. Yet it may not be said they failed of theoretical considerations and curiously enough most of these considerations revolved about the condition and source of drinking water. Even the ancients and our own aboriginal American Indians believed goiter to be a water borne disease—though the factor in the water has been a subject for consideration and discussion. Lime, iron, magnesia, iodine have all been blamed. The toxalbumin theory had a vogue and is still not without defenders. It assumes that water filtered through geological deposits of marine animals contains a toxic substance of albuminous nature which is the guilty factor. Very recently McCarrison working in England and India, and Shepherd working in Canada, have announced their belief that it is due to a live organism belonging in the colon group and look upon pollution as the primary factor.

The geologic distribution of the disease has already been pointed out but the geologic basis has not been so completely established. However, a recent contribution in the *Journal of the American Medical Association* by McClendon on "The Relation of Iodine in Surface Water to the Incidence of

Goiter in Enlisted Men in the Army" appears to offer reliable evidence—especially in the light of other information—establishing iodine as the particular factor involved. He found a direct and constant relationship. In those areas where goiter is common the iodine content of surface water is low. Where goiter is rare, or at the most sporadic, the iodine content of surface water is relatively high. In certain areas having a low iodine concentration in surface water (parts of Michigan, Ohio and New York), however, there is a great abundance of iodine in the deep salt wells of these regions, so that McClendon concludes iodine has disappeared from the soil surface in our endemic areas by leaching or filtering into the deeper sublayers.

### *Study of the Thyroid Gland and Iodine Treatment*

However, it was not the study of water supply or other suspected agents which has led to our present state of knowledge. It was the study of the thyroid gland itself beginning with the discovery by Bauman (1895) that the active principle of the thyroid is a stable iodine compound. This stable compound was isolated in crystalline form by Kendall (1916) and was identified by him as tri-iodo-indol propionic acid. It was further identified as the true active principle of the gland and was called by him thyroxin. In proof that iodine in the compound is of supreme importance it has been shown that the substitution of other halogens for iodine renders the substance completely inert and absolutely without value as a thyroid hormone.

In the meantime, Marine and Lenhart had shown the efficacy of iodine in the prevention and cure of goiter in animals and conversely had been able to produce goiter consistently in pregnant animals and in their offspring by witholding iodine.

Naturally the discovery of iodine as an important element in thyroid regulation led to its rational use in the treatment of certain thyroid diseases—though it had been used knowingly in an empirical way by Coindet as early as 1820. It had been used unknowingly, also in an empirical way, by those ancients who gave the ash of sea weeds and sea sponges to persons suffering from goiter, the ash in each instance being rich in iodine. Modern thyroid therapy with iodine, though far from being of universal application in all the diseases of the thyroid gland—is based on certain well known anatomical and physiological considerations which require setting forth. For instance, the maximum store of iodine in the normal thyroid is between 0.5 and 0.6 per cent of the total weight of the dried gland and the minimum is 0.1 per cent. When the iodine gets below 0.1 per cent the gland begins to hypertrophy or enlarge. In the early enlarged state, the so-called simple goiter, the enlargement usually is modified by the administration of iodine in any convenient form. It has been found that the total amount of iodine necessary to maintain a margin of safety in the gland is very small, an amount which need not exceed 120 to 240 milligrams (2 to 4 grains) annually. This may be given in divided doses for short intervals twice a year or in small weekly doses throughout the year. Giving an excess is of no avail as a maximum storage is soon reached. As a matter of fact large doses are contraindicated as it is possible thus to produce symptoms of iodism (skin eruptions) or exophthalmic goiter. In children, however, this latter manifestation may be discounted in practice.

### *What Simple Goiter Is and What It Does*

What, now that we have gotten past certain preliminary and essential considerations, is simple goiter? What is the normal function of the thyroid gland? Why all the fuss about a mild enlargement which, in most cases, appears in no way to affect the normal life and activity of the individual? I can define the condition no better than in the words of Dr. Marine, who says:

"Simple goiter is a compensatory or work hypertrophy of the thyroid gland due to metabolic disturbances and loss of iodine." The metabolic disturbances referred to are those occurring normally during (1) puberty; (2) pregnancy; (3) lactation; (4) and occasionally after chronic infections and intoxications.

The normal function of the thyroid, through its iodine containing hormone, thyroxin, is to maintain metabolism at an efficient level and provide means for varying that level. In other words it has to do with the utilization of oxygen by the tissues and the resultant production of heat. This can be shown simply:

1. By the great increase in heat production following the administration of thyroid extract; and
2. By the decrease in heat production following the removal of the gland.

As to the last question—why be so concerned over an apparently trivial disorder, the answer is, that simple goiter is not a trivial disorder. True, it may occasion no more distress to the individual than a mild concern at its cosmetic effect. On the other hand every girl afflicted with a pronounced simple goiter, which, it must be recalled, is a deficiency disease, is the potential mother of a cretin child. Fortunately cretinism is much less frequent in this country than it is in certain foreign countries but the potentiality must not be overlooked. Certainly congenital goiter and adenomatous or tumorous growths in the thyroid, which may later become malignant, are the frequent heritage of children born of goitrous mothers. By all means simple goiter is worthy of every effort which bears on its eradication.

### *Prophylactic Treatment and Results in Akron and in Switzerland*

No résumé of the subject of simple goiter and goiter prevention would be complete without a reference to the pioneer work of Marine and Kimball in the public schools of Akron, Ohio, beginning in 1917 and extending over a period of three years. In this time approximately 10,000 girls were observed, of whom about 5,000 elected to take prophylactic medication. Of those taking iodine not a single normal girl developed goiter during this period. Of those not taking iodine and considered normal at the first examination 27.6 per cent developed goiter, some of them quite large. The goiter disappeared in 60 per cent of the girls who had enlargement at the first examination and took iodine; while among those having goiter originally and not taking iodine there was a decrease in size in less than 12 per cent.

In Switzerland the results since 1918 have been even more striking than in the experiment at Akron. The incidence of goiter among all the school children of the Canton of St. Gall has been reported as follows: in January, 1918, 87.6 per cent; in January, 1922, 13.1 per cent. Recently the goiter commission has recommended this form of treatment as a public health measure throughout the entire country.

As has been said the form in which iodine may be administered is immaterial. In the Akron experiment it was given in the form of sodium iodide (gr. 3 daily). in the drinking water over a period of two weeks in the spring and fall. In Switzerland, it is being given in the form of iodized-fat chocolate tablets containing 5 mg. (1/12 gr.) of iodine once a week throughout the year. In many cities of Ohio and Michigan similar tablets containing 10 mg. (1/6 gr.) are being given at weekly intervals. Iodized salt is being used in many communities by many individuals, and perhaps is the most convenient form of administration. Authorities are agreed that iodine administration should begin before the usual time of appearance of goiter and should continue into late adolescence, from ten to seventeen years being suggested. In addition, it should be given in early pregnancy to prevent enlargement of the mother's thyroid and to insure the absence of congenital goiter in the offspring. Efforts at prophylaxis have usually been confined to girls, this because the incidence is much greater

than in boys, and because the physiological significance of goiter in the mothers of the race has an infinitely greater bearing than in the case of the fathers. It has been estimated that the relative incidence of goiter in girls and boys is as six to one, though it is probable a more careful search for goiter in boys would reveal much less disparity. It is said, however, that goiter in men and boys is usually congenital in origin so that in the last analysis prophylactic treatment for prevention of goiter in girls and young women and particularly in pregnant women would eradicate simple goiter from our midst.

### *Conclusions*

1. Simple goiter is widely distributed throughout the world.
2. It is endemic in certain areas of the United States to such a degree that it assumes at once the importance of a public health problem.
3. It is an iodine deficiency disease, likely related to the iodine content of surface waters.
4. Notable experiments in the prophylaxis and therapy of simple goiter in school girls have been conducted in Akron, Ohio, and in Switzerland with remarkable and convincing success.
5. Iodine in any convenient form, and in relatively small doses, is a certain preventive agent. It also has remarkable curative properties in the early stages of simple goiter, but its use in such cases should be directed by a physician.
6. Prophylaxis in a large way, conducted as a public health activity, can probably be achieved to best advantage by using the public school system as in the Akron experiment. It is the one place where all the children in the susceptible age group (ten to seventeen) are brought together.
7. It should be the practice of all physicians in endemic areas to preach the gospel of goiter prevention both privately and publicly and coöperate in every way with those workers in public health who are seeking to eradicate the disease.

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## ADDITIONAL STATE CENSUS REPRESENTATIVES

*Arkansas*
Miss Linnie Beauchamp, Bureau of Child Hygiene, State Health Department, State House, Little Rock.

*Indiana*
Miss Aline Mergy, Public Health Nursing Association, 912 Chestnut Street, Terre Haute.
(Miss Peterson, announced in April as representative of Indiana, had to resign because her work took her out of the state temporarily.)

*Kansas*
Miss Elizabeth V. Condell, Public Schools, Hutchinson.

*Massachusetts*
Miss Maria Gertrude Martin, Department of Public Health, The Commonwealth of Massachusetts, State House, Boston.

*Montana*
Mrs. Ann K. Waring, Division of Child Welfare, Montana State Board of Health, Helena.

*Ohio*
Mrs. Elizabeth August, 141 South Third Street, Columbus.

*Virginia*
Miss Sarah Ford Cowling, announced in April, as the representative, had to resign because of illness in her family.

Make yourself known at the Detroit Convention. Introduce yourself to the State Hostesses.

Be sure to register early to let your friends know you are there.

A daily Convention Bulletin will be issued. Be sure to ask for one.

If you cannot attend the Convention—you can vote by mail. See ballot in May PUBLIC HEALTH NURSE.

# THE TSINAN-FU INSTITUTE AND ITS HEALTH EXHIBIT

By Philip S. Evans, Jr., M.D.

IN this interior Chinese city there are over one thousand five hundred people passing each day through this institute—most of whom pass the sections on hygiene—and the buildings are open every day in the year. The total attendance for last year was a little over 570,000, making an average of over 1,500 for every day in the year.

The Institute is an integral part, known as the Extension Department, of the Shantung Christian University, an institution conducted jointly by twelve mission boards, British, Canadian and American, in Tsinan-fu, the capital city of the province of Shantung, China.

The hygiene section is one of the most popular. It contains nineteen sets of models and 145 charts. Each week-day there are from four to sixteen lectures given to the visitors, depending on the numbers, and many of these lectures are either wholly on hygiene or have that as a basis, because that is such a popular subject.

We have many visitors to Tsinan, and the main object of interest to most of them is the Institute. Those who have been in China longest are the most interested, since the reputation of this Institute has gone over all China, and it is recognized as unique in its character and wonderful in its influence for good. There is no place quite like it in China, and probably not in the world.

The nearest approach to a similar work is that located at Tsingchow-fu, a work which was begun by the man at the head of this Institute. In the year 1882 the Rev. J. S. Whitewright came to China and settled in this province. He soon found that the ordinary methods of mission work did not reach the literati, and turned his attention to the solution of this problem. He saw that these men were much interested in foreign things, though they felt very anti-foreign in their thought of the foreigners living in China. So he began collecting illustrations of foreign inventions, with what models he could get or make, and opened a small room to show them to visitors. He used to give lectures on these matters once in a while, and found that there were more guests ready and willing to come than he had time or facilities for entertaining. This work was begun while Mr. Whitewright was in charge of, and much of the time sole teacher in, the

Mission Bible School for Evangelists. But in spite of the pressure of work and the shortness of funds he was able to develop the work until it reached the point where it had its own set of buildings especially erected for the purpose. These buildings are still used for this same work, and are visited by thousands each month.

In 1904 Mr. Whitewright was asked to come to Tsinan-fu, the capital of this sacred province, and give his whole time to the development and care of a larger Institute, which it was hoped would have a widespread influence throughout the province. Special sums were given, and in 1905 he was able to open the present Institute, whose buildings have been only slightly enlarged since then. There has been a steady increase in the number and completeness of the exhibits, which has resulted in a somewhat serious condition of crowding; but by constant rearrangement and selection the exhibit has been gradually increased and always kept fresh and up-to-date.

It is impossible to more than hint at the interesting things to be seen. To walk at a moderate pace past all the exhibits requires about three-quarters of an hour, so one can well understand how the visitors can spend half the day and then say they have seen but half. It is usual for the Chinese visitors to come for two or three successive days. It is also usual for them to say "We come to visit the Institute each time we come up to the city." The visitors are from every class of society. No admission is ever charged. There are always a few attendants about, though not enough for one to be in each room, but there have been practically no losses in the history of the Institute, and very rarely is anything touched carelessly.

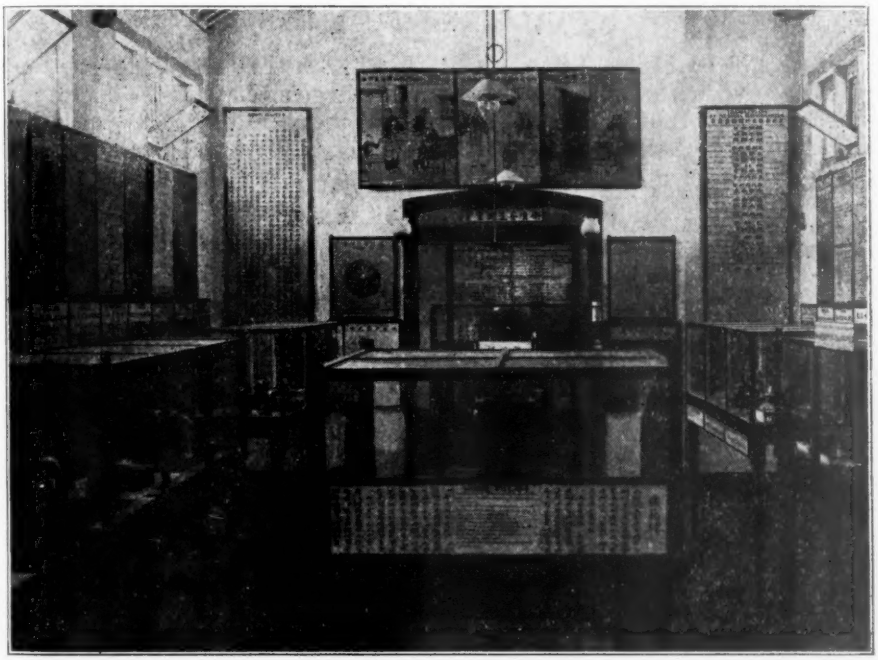
### *The Exhibits*

One end of the main hall is filled with natural history specimens, most of which are from China and neighboring countries. The center is filled with models illustrating the effects of deforestation and reforestation on rainfall, floods, locusts; and a large model of the Yellow River, China's Sorrow, showing the scheme suggested by foreign engineers for solving this difficult problem. Near the door is a twenty-foot model, to scale, of the big railroad bridge over the Yellow River near Tsinan. It shows not only the iron work but also the important cement foundations, with the long piles driven deep into the sand below the surface of the river, which is shown glistening like glass—with tiny junks floating on the glassy surface. Nearby is a ten-foot model of a steamship, presented by one of the companies sailing from Europe to China. There is a carefully made globe of the world, eighteen feet in circumference, and upon the wall a map of the world twenty feet long. The Chinese are interested in learning about the world, though it hurts their pride to discover what a small part of it China occupies.

There is a vast number of models, mostly in glass cases, with carefully worded descriptions to tell what they represent. There are models of many of the famous buildings, made to scale, such as the Capitol at Washington. There is one model of a street in Bristol, England, which shows over a mile of buildings, to let the Chinese see the sort of buildings, and the purposes for which they are used, that foreigners have in their own cities. The models with figures are most interesting. Perhaps the most popular is the one showing the various activities of the Red Cross in times of peace and war. All sorts of ambulances are shown, from the snowsledges to camel ambulances, as well as the latest automobile ambulance. "First Aid" is illustrated in various ways, as well as many other interesting details. This case must have some two hundred figures in it. There is a marvelous model just about finished, containing over three hundred figures, to illustrate Child Welfare. It will show all the main activities as seen in the best welfare exhibits in the West.

These models and figures are wonderfully well made, and all done on the

spot, by men who are kept constantly at work turning out new things. Imagine making a six-inch model of a young woman, fully dressed in foreign fashion, wearing a wrist watch, and holding a kodak, which seems true to life as to comparative size and appearance! To us foreigners the workshop is the most interesting exhibit there, next to the great and kindly man who has developed the whole thing. His patience and perseverance surpass



even that of the Chinese who show such skill and patience in making the wonderful models.

Perhaps you are wondering if there are any results to be found for this work. Yes, there are. The usual answer to the question as to where the gospel was first heard is "At the Institute." And as to hygiene—well, that is a little harder to answer, since the general public is still back where we were a hundred or more years ago. Naturally the biggest result is in the line of education. When the visitors see the model of a family eating food covered with flies, and then a companion model showing the room screened and the dishes covered, they appreciate the difference. When they see a model of fruits (sliced watermelon, in particular), set out for sale all covered with flies, and the neighboring model with a proper netting cover they understand it, especially when the printed explanations tell them of the danger of flies, and the lectures emphasize it so often.

A few years ago it was very rare to find any sort of screening or cover for exposed fruit. Now it is the common thing to see the fruit stands supplied with fly netting. In fact the word used for hygiene is so popular and is such a drawing card that many of the barber shops, etc., write it on their signs, as an added attraction to customers. There is no doubt that the Chinese are interested in hygiene, and there is no doubt that they appreciate what the Institute is doing for them. Almost every official visits the Institute, and it is usual for the governor to make a present.

The foreign visitors to Tsinan wonder why there is not a somewhat similar institution in every capital in the country. I hope there will be. There are always one or two men working at

the Institute to prepare them to help start such a place in some city. I hope many who read this may be able to visit this remarkable place, and that some of you will be able to help forward this most useful work.

NOTE: In sending this most interesting account Dr. Evans writes that the Shantung Christian University "has a Senior and Junior Arts College, a Seminary, a Medical School and Hospital, as well as the Extension Department. Our Hospital has four 'registered nurses' and carries on a Nurses' Training School. The Medical School has twenty-four foreign doctors. I have the pleasure of teaching physiology. All our instruction in the Medical School is in the Chinese language."

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## LIQUID REFRESHMENTS

Miss Kathleen Leahy, Lihue Kauai, T. H., sent us these engaging "compositions" "written without preparation in the hygiene class in the eighth grade at Huleia School, Kauai. Both these children, members of an extremely interesting group, are Island born Japanese, but come from non-English speaking homes."

### A LIQUID QUARREL

Long ago there lived in a saloon in a humble village, a bad fellow whose name was Beer.

Just in front of the saloon under a spreading chestnut tree lived in a fountain, a good fellow whose name was Water.

One morning Beer and Water met on the highway and they began to quarrel.

Beer said that he was better than Water.

Water said that he was better than Beer.

Beer became so angry that he foamed at the mouth, but Water was wise and kept cool.

There came a young man named Billy.

When Beer saw the gentleman, he said,

"Drink me up," with a loud voice.

"I don't want to drink you, Beer, because you hurt my body and my nerves, although your color is like gold." said Billy.

Water heard this, with a smile on his face and said to the gentleman,

"Won't you drink me up?"

The young man was pleased and with a happy smile looked at the Beer while he drank the Water.

Beer saw it and became so angry that he burst the bottle and was spilled on the ground and that was the end of Beer.

SATOSHI LOKI

### THE JEALOUS TEA

One day little Alice was drinking milk by the fireplace.

Now, there stood over the fire a tea kettle who called to little Alice to take a drink of her.

But she held up the milk and said,

"Don't you see what I have? This is my friend and not you."

The tea kettle got so hot and angry that perspiration ran over her back and put out the fire.

Soon she became very cold and quiet from shame.

Then little Alice began to sing with her sweet voice,

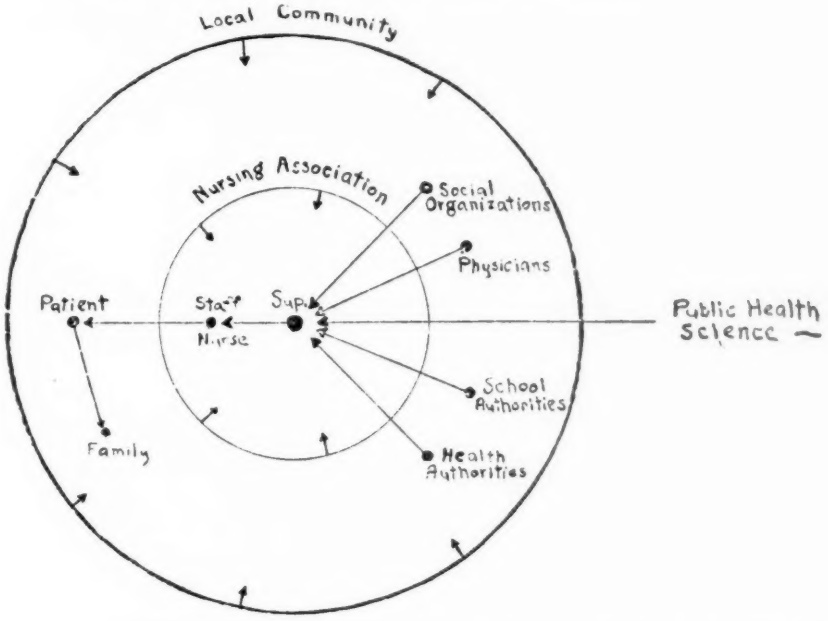
"Milk! Milk! good to drink,
Coffee! Tea! pour down the sink,
Tea! Children do not dare!
Milk! Children do not spare!"

MATSUI KURAYA

# THE PUBLIC HEALTH NURSING SUPERVISOR HER FUNCTIONS AND IDEALS*

By C.-E. A. Winslow

Professor of Public Health, Yale School of Medicine




IN attempting, as I have been asked to do, to summarize the discussions of this Institute, I have sought first of all to outline some of the chief relationships of the public health nursing supervisor in the diagram reproduced above.

On this diagram you will notice a large circle, which represents the local community and, within, another circle (occupying nearly the entire space, but not quite!) representing the visiting nurse association of the locality. The superintendent and the board of management, not specifically indicated, would be assumed to be the dominating factors in that inner circle as a whole. I have placed the supervisor at the center of the entire chart, as of course is fitting on an occasion like this, when addressing a group of supervisors. The supervisor at the center operates on the staff nurse and through the staff nurse on the patient and the family, and it is obvious that the staff nurse is the ultimate effective agent of the organization. By the work of the staff nurse in the district the work of the association will be done and the success of the association judged. The board of management, the superintendent and the supervisors exist only for the purpose of facilitating the functioning of the staff nurse.

The objective of the public health nurse is the family, reached through the patient. The family is the unit for which all attempts at better social organization are now made, and the approach to the family, the unique approach which makes the public health nurse so much the most effective type of health teacher, is through the individual patient. We may next very properly ask ourselves, "What is it after all that the staff nurse wants to

*Address given at Institute for Public Health Nursing Supervisors, held under the auspices of the Visiting Nurse Association of New Haven, Conn., Feb. 26–29, 1924.

do for the family?" It seems to me in the last analysis that her aim is simply the old objective that Mother Nature has been working toward through the whole system of evolution, the adaptation of individuals to the environment. That, after all, is the sum and substance of what you are doing and what other social workers are doing. Each individual has a certain inherited constitution and a certain environment. Health means adaptation to that environment, disease means lack of adaptation. Happiness and success mean adaptation to environment; failure and poverty, the lack of it. Throughout the whole field of social reconstruction we cannot change the germ plasm, but we can change the environment and we can train the individual to adjust himself or herself to those factors in the environment that are unchangeable. The staff nurse is thus the link with public health science on the one hand—with the laws of physiology and the laws of sanitation and the laws of society—and with the individual family on the other.

### *Requisites for Making Effective Contacts*

To make this contact effectively she must have a clear vision of the essential laws of physiology and hygiene and sanitation, she must know what the situation is to which the patient ought to be adapted. On the other hand she must also understand the psychology of the particular individual, because only by understanding those two things, the situation and the individual, can they be brought together. Tact, of which we speak so often, is after all nothing but a comprehension of the other person's point of view and of those facts to which you want to adjust that person's point of view. The nurse must grasp her patient's attitude of mind and its subconscious responses in order to bring that person's mind, that person's attitude and conduct and habits, into accord with the laws of nature. The primary task of the supervisor is to maintain in her staff nurses a sound knowledge of the facts and principles of public health and at the same time to keep alive in those nurses a power of human contact which will enable them to present these facts most effectively to the individual.

As has been brought out in discussions here, you want not only to get your work done but you want to show it has been done. You want records of that work, convincing evidence as to what has been accomplished. We are spending public money for all public health work, money appropriated by the city council, the community chest, or some other agency, for which we are responsible trustees, and if the records are not good we cannot show the value we have returned for the money that has been given to us. Furthermore, there is a research value, a scientific value, a constructive value in all the data you collect. It is very important of course that when your records are prepared they should be properly interpreted and appraised. One of your most distinguished speakers mentioned to me in conversation that she always found it very hard to restrain a tendency to point with pride to an increase in daily visits per nurse although she knows quite well that that is a fallacious criterion of nursing work. I had the privilege of studying the public health nursing done by various organizations in a certain New England city this fall and one of the things that struck me most was that the nurses of the health department were making an average of twenty visits a day, year in and year out. Any such figure is not a source of pride but a perfectly clear indication that the quality of the work is of doubtful value. Within certain limits, a small number of visits per nurse per day is significant of good results, not a large number.

### *Relationships with Other Community Forces*

In addition to the primary function of the supervisor, as a channel through which knowledge of science and psychology is to come to the staff nurse,

there are various other relationships which must be considered, relationships with important community forces such as the health authorities, the school authorities, physicians and hospitals and various social organizations. The contacts with these organizations will in large measure be made directly by the staff nurse, but the supervisor should be certain that they are made and made effectively. These relationships are among the most difficult problems with which you have to deal. Take your relationship to the school for example. I know no field of public health administration in which it is harder to choose the wisest way—to determine in a given community whether the school nurse should be under the board of health or the board of education; and whether she should be treated as an exception to the general rule of generalized district service or not. Just what and how much the school nurse should do, and what and how much the teacher should do, is another difficult question. I have sometimes wondered if the simplest way might not perhaps be to turn all the work inside the classroom over to the teacher and let the nurse perform her work at the examination clinic and in carrying the health message to the home. The relation to the medical profession and the hospitals is another relationship which needs study and tentative experimentation under the conditions of your own community. I think most of us feel that tuberculosis problems, mental disease problems and indeed the general municipal health program should properly all center around socially minded hospital organizations. How far we are from any such possibility many of you know much better than I. Yet I think no effort should be spared to foster the development of community consciousness on the part of the hospitals and to make the path easy for their assumption of leadership when they have reached the point where they desire to exercise it. The relationship of the nurse to the medical profession has been emphasized particularly by Dr. Emerson. The public health nursing organization can rarely function at the highest pitch of efficiency without an advisory medical group and I think that except in rare instances this group should be appointed by the local medical society and not handpicked from particularly liberal members of the profession. I know you lose something in this way. I know that men freely chosen by the medical profession will sometimes frown upon things you believe ought to be done; but, in the long run and on the whole, the work of public health nursing is so surely bound to be hampered by lack of medical sympathy that it is worth going carefully and losing some time at first in order ultimately to secure the full support you need.

As to the relation of the public health nurse to the social agency, I was particularly interested in what Mr. Dawson said about the use of the term, social service, in two different senses: one, the broader sense in which all work for better living and better social organization is included, and the other the sense which includes only charitable work done for the poor. We must learn to distinguish between the two sorts of social service; for many of the difficulties which arise between nursing organizations and social service agencies are due to lack of clear vision in regard to this very point. You need the coöperation of the social worker in the handling of your individual cases; and as an organization it is essential that the nursing association shall play its part as a member of the group of social agencies in the broader sense.

The supervisor is thus not only the mediator, the channel through which scientific knowledge comes to the staff nurse, not only a force in developing the right pedagogical attitude but also the link through which other community forces, medical, social, political, are brought in and made effective in the primary work of changing the habits of the family in the home in such fashion as to bring about better adaptation to the environment.

*Developing the Specialist Supervisor*

You have heard authoritative and convincing expert discussions in regard to developing the specialist in supervision. It has been made very clear by various speakers that such specialists do not "take case work out of the hands of the staff nurse" but serve as guides, as supervisors, as stimulators, of the particular line of work in which they are interested. The principle is now universally accepted that a large public health nursing organization whose staff nurses operate on a generalized district plan needs supervisors who are specialists in child welfare, tuberculosis, mental hygiene, and the like. In the smaller organization there will be naturally a smaller number of these specialists and in the very small organization all that can be done perhaps is to encourage one or the other staff nurse to make herself a specialist in theory, even though she is doing general practice. You can approach this ideal even in a group of three nurses in a rural community. In such a case it would be possible to have one nurse interest herself in prenatal and infant welfare and nutritional problems, and one in communicable diseases and tuberculosis, and one in mental problems and social adjustment. No one believes more firmly that I in generalized nursing service, but I think even in a small group it is well to have specialists, not in practice but in interest, so that you will have one who knows a little more than the rest about each particular thing and can help to stimulate its most effective development.

*Environmental Sanitary Conditions*

The chart used as a basis for this discussion seems to go all one way, to focus upon the family. It is well to remember, however, that the relationships thus indicated should work backward too. Such general environmental sanitary conditions as those which concern the milk supply or the public water supply press on the nurse and affect all she does. Yet the nurse may also react on the environment, and may become a powerful agent for sanitary reform. So too in the very course of her daily work she serves as an educator of the social agencies, as a stimulator of the medical profession and of the health department and the educational authorities. The supervisor must provide for this sort of back flow of energy as well as for the direct impact of community forces upon the staff nurse.

Finally, in closing, let me emphasize two somewhat more subtle factors which it seems to me are of particular importance in the work of the supervisor, both of them inherent in the discussions you have heard this week.

*Cultivation of Freedom and Initiative*

First of all I would place the importance of cultivating freedom and initiative. There are few things I think from which the work of the public health nurse suffers more at the present time than the undue rigidity which has been the inevitable result of the old-fashioned type of hospital training. Discipline is splendid in its way but in public health nursing work it is essential to cultivate a reasonable degree of initiative and freedom of judgment, freedom to think, and study the problems of the community. The public health nurse should not be tied by what has happened last year or the year before, or in other places where she has been,—but should look at the whole problem, with fresh clear vision, ready to see what might be done and what ought to be done to make the lives of the families of the district or the city better. In connection with this problem of initiative I was very much pleased to see that one of your speakers spoke of staff councils. The industries are developing industrial councils, giving operatives a share in the management of the factory with the most promising results. Curiously enough this tendency, so far as public health organizations are concerned, was as far as I am aware more completely carried out in Czaristic Russia than anywhere else in the world. The

health department staffs of many Russian cities had their councils which took a large share in determining the conditions of their work. It seems probable that our own public health organizations would do well to recognize this principle more generously.

*Keeping Out of Ruts*

The last point that seems to me of major importance is the necessity of keeping your sense of your work vital, not getting into a rut, not taking the day's round as a day's round of so many places to visit, so many tasks to perform but cultivating awareness of the possibilities and of the purpose of the work of your organization, arousing your staff nurses to fuller realization of what it is that they are really doing. Do you remember the story of the ship off the northeast coast of South America, on which the drinking water had given out? The crew were almost at the point of dying of thirst, when they finally saw a steamer approaching and hoisted a signal of distress. When the steamer came nearer they signalled that they were in need of water. The steamer ran up the reply, "Let down a bucket where you are." The suffering crew thought they were being mocked; but after this message was repeated several times, at last they did let down a bucket and found that the water was fresh. They were in the mouth of the Amazon River where it flows in all its freshness far out into the sea. We are constantly looking for inspiration and encouragement, for big and stirring things outside. The needed inspiration can be found in our daily work if we realize to the full what the public health campaign actually means and what it is accomplishing.

Remember, too, that you are never alone in the performance of the great tasks to which you are dedicated. The nurse has a tradition; she stands for something. She is a member of an organization; but she is more than a member of her organization. She is the link between public health science and the community. I was tempted to put the name "Louis Pasteur" on the chart instead of "public health science," because you are carrying the message that Pasteur first deciphered in that dingy little laboratory in the École Normale, and that scientific men all over the world are still working out, down to Dochez and his scarlet fever serum in New York City. The wonderful struggle for the betterment of existence through the healing touch of science is in your hands. You are the channel through which this stream flows to the people. You are part of the great sweep of human progress toward a safer and a richer life for all mankind.

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# DIFFICULTIES ENCOUNTERED BY BOARDS OF DIRECTORS OF VISITING NURSE ASSOCIATIONS

By Agnes T. Marvin
Hingham, Mass.

BEFORE considering the difficulties encountered by directors of Visiting Nursing Associations, a word of explanation may be helpful regarding the above title.

The problems encountered by boards of directors of larger organizations employing professional executives, will not be considered here, since their difficulties are not so frequently in connection with nursing problems as with financial or civic studies. Such boards would, however, be justified in taking issue should the statement be made that they have *no* problems.

It is the intention only to present a few of the ordinary problems faced by the directors of the numerous small associations employing one or two nurses, with the hope that some solutions may be worked out to the mutual benefit of the communities, the directors and the nurses.

If the powerful machinery represented by the numerous associations which have been formed throughout the country could be so adjusted as to function smoothly—with the good will, spirit, and earnestness which already exists—public health nursing problems should soon be negligible and the beneficial results would be inestimable.

In presenting these problems it should be remembered that, while it is the difficulties which are being considered, unpleasant and discouraging at all times, progress is largely attained by surmounting numerous and oftentimes inconsequential difficulties. Many of the points discussed may appear to be trivial, but, nevertheless, the solution of these small troubles, one by one, result in the smooth operation of the work.

### *Small but Vital Points*

A better knowledge of nursing ethics on the part of the directors, would, undoubtedly, diminish the number of difficulties. Unfortunately many policies adopted show a marked lack of knowledge of this whole question, and a few instances may illustrate this point. The directors of an association in a small town were having quite a struggle to exist, and regarded the struggle as purely financial. Yet to an observer a more intelligent understanding, by the directors, of public health work, along broader lines, should make such a difference in results and benefits to the community that public support would be aroused sufficiently to reduce their financial problems. This would enable the directors to attract experienced nurses and thus assure well carried out policies. In this association the nurse was not present at directors' meetings, and, although in their employment over a year, the vice-president had never seen her. The individual records were discussed with great interest, by all members of the board, regardless of the ethics of the situation and the confidential nature of cases. This also meant much detailed work that should be performed by the nursing committee. They were astonished to think these conditions were not in keeping with good management, but bravely changed their policies, and, according to recent reports, were feeling encouraged by a much brighter outlook for the success of their plans.

Enthusiasm is a much needed quality and a streak of over-enthusiasm is better than deadly inertia. It must, however, be handled tactfully and guided carefully. For example, a member of a very interested board in her effort to present the work before the people of the town effectively, suggested with great enthusiasm that a map, showing all cases visited by the nurse, with colored pins indicating the

types of cases, should be exhibited publicly. After thoughtful discussion it was realized that, granting this to be a highly desirable procedure as a public study for definite diseases, or a private study for the nursing committee, it would, under these circumstances and with the conditions usually prevailing in a small community, develop into a curiosity map providing too great an opportunity for emphasizing individual cases, and in all probability resulting in many instances in losing the confidence of the patients. When the reasons against this procedure were pointed out the member proposing this plan agreed immediately that it was unsound.

*Importance of Understanding a Good Health Program*

Educational propaganda is an important feature with all associations and particularly in smaller towns. Public health work has assumed such proportions and visiting nursing associations are being depended upon more and more to assist in developing the health program of their towns, either by endorsing or assisting the local officials in their health activities, or by undertaking these activities until local officials wish to assume the care of them, that it has become necessary for the visiting nurse directors, not only to understand thoroughly the development of an adequate, practical and coördinated public health program, but also to have a knowledge of the limitations regarding the expenditure of public money.

A concrete illustration of this may be shown in some of the requirements in the State of Massachusetts. The state law provides that all nurses employed by the state, county or town shall be under civil service, also that no city or town may appropriate money for service to any private organization. This law, under both clauses, is being ignored by many associations and by many towns throughout the state, so much so, that it is causing considerable comment by state officials, as well as confusion and limited results in many instances. One city has overcome this difficulty by requiring their nurses to be eligible for civil service and placing the necessary number of nurses allowed by their appropriation on the payroll of the Board of Health. These nurses maintain the necessary records for the Board of Health, but continue under the supervision of the association nursing director, thus assuring a coördinated program without overlapping. Another smaller association pays a part of the salary of a school nurse, since the appropriation of the School Board is inadequate for this purpose. This naturally results in closer coöperation in the work of the visiting nurse and the school nurse. In addition the school physician confers with the nursing directors of the association regarding all new policies, thus avoiding overlapping and confusion. Such arrangements seem to be a step in advance, particularly where there is a danger of the work becoming over specialized and leading to the collection of statistical data rather than the performance of practical health work.

*Keeping Up With New Developments*

Knowledge of the fundamentals of the newer developments of health work is necessary—though it is surprisingly lacking in many instances. One hears directors asking timidly if they may have a baby clinic without a physician in attendance. The president of one association asked if the nurse could not compel the parents to have the tonsils of their children removed. Both of these queries are details, but one wonders how many more doubts exist. The New England Health Institute, which was held at Boston for one week in May of this year, should be very helpful along these lines. A definite schedule was planned with excellent study courses in every department of public health work.

One association is to be commended for holding evening meetings to accommodate the male members of its board. At these meetings the newer phases of health work are discussed

with splendid results. Following this innovation the association reports greater interest and excellent support throughout the towns.

A very delicate problem is presented where the directors, in their enthusiasm for the work, overlook the frailty of human nature. In most communities where the association employs but one nurse, it is the general practice for the nurse to answer all emergency calls at night. This is only reasonable in so far as the directors keep in close touch with the work so that they may safeguard the health of the nurse and keep unimpaired the efficiency of the general routine work of the nursing service.

*Attitude of the Nurse to Her Board*

On the other hand, a real problem exists in the ethical attitude of the nurse toward her board. Particularly is this true of the younger nurses, and as the shortage of specially trained or experienced nurses is alarming, the younger nurses find themselves in positions where they have to assume the work without supervision, and must learn to depend upon a sympathetic understanding with the board.

Many times, even with an understanding board, helpful suggestions are not always taken kindly, and this perhaps may be attributed to the fact that after three years of rigid training under necessarily strict supervision, the sense of freedom that comes with graduation, brings with it not only joy of ignoring the rising bell but also the desire to be one's own master and no longer subject to rules and regulation.

The question of "Ethics for Nurses in their Relation to Boards of Directors" might well be emphasized in courses for public health nurses.

*Transportation*

Next to obtaining adequately trained nurses, transportation as a definite problem is becoming one of the most serious matters for consideration by many of the associations. An amusing vision would, no doubt, arise in the minds of many should the trustees of a training school for nurses or public health school be asked to include in their curricula the technique of control for the indispensable "flivver." The majority of nurses cannot drive an automobile when applying for a public health position, and it has become almost an essential qualification in smaller associations, since, with the increase of motors, street cars are giving more and more inadequate service. This is particularly true in the suburban and rural districts. Lessons are quite costly and it is difficult to determine in advance the cost of teaching an individual nurse. Sometimes a fine nurse will be either timid or slow in adapting herself to the temperamental "Henry." Such conditions entail expense, and it is a question whether it is fair to ask the association to assume the cost, especially since most associations have no contract with the nurse for any definite period of service.

Again, many nurses seem to feel it perfectly justifiable to use the car for other than professional purposes, and sometimes show a personal resentment when rules are made to the contrary. When it is remembered that the nurse is a public servant and her equipment is maintained by public subscription, it will readilly be seen that serious criticism, and embarrassment to the directors, naturally follow such a practice.

Many associations are realizing the desirability of special training for their nurses, and with the hope of solving many of their difficulties, particularly those of a strictly professional character, are giving their nurses leave of absence in order to permit them to take such special training. Excellent results are following this practice—the nurses with more adequate experience can much more competently guide and coöperate with their directors.

Many other problems will be solved when directors and nurses periodically unite for conferences, each group recognizing their sincere coöperation and unity of purpose.


This has been the headquarters of the Community Health Association of Boston since its beginning in December, 1922.

Before the "Amalgamation"—it was the home of the Instructive District Nursing Association of Boston since 1906, when the Association moved from its early headquarters at 2 Park Square, and is linked with many hopes, memories, developments and successes.

This part of the South End was once a choice residential section. The old houses surrounding the little park with its great elms have fine mouldings, carved mantels and dignified doorways. The street was long since given over to lodging houses, but much of the former beauty remains with the exquisite iron work of old railings and balconies on the tall red brick houses.

The greater accessibility of the new quarters and the economy of time and effect when all the offices can be on the same floor will, it is hoped, make up for the loss of the delightful homelike atmosphere of the old rooms.

# MEETING OF NURSING SECTION, NATIONAL TUBERCULOSIS ASSOCIATION

By Mary A. Meyers, R.N.

Executive Secretary, Marion County Tuberculosis Association, Indiana

Note: In sending this report Miss Meyers writes: "I do not believe I have ever had the pleasure of attending a meeting of nurses where more interest and enthusiasm were shown than in this one."

THE important place that the nursing profession must have in the whole scheme of fighting tuberculosis was brought out clearly and graphically at the meeting of the Nurses' Section of the National Tuberculosis Association at Atlanta, Georgia, Wednesday afternoon, May 7, and Friday afternoon, May 9. The meeting of the Section was held in connection with the annual meeting of the National Tuberculosis Association and was convened in the same Tabernacle which housed the American Nurses Association Convention in 1920. Miss Bernice W. Billings, R.N., of Boston was the chairman.

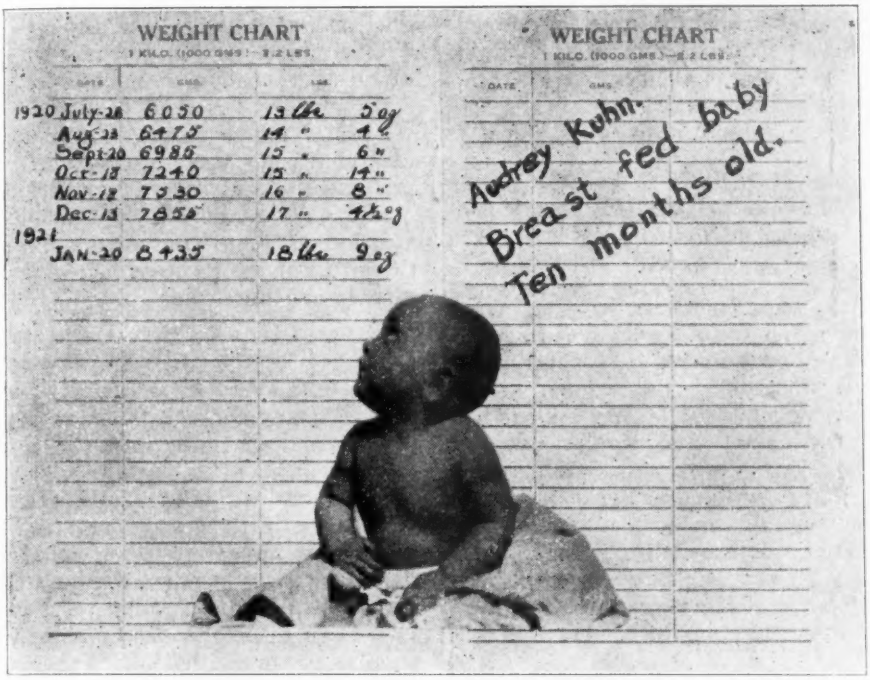
"The Family Aspect of Tuberculosis Nursing" and "Tuberculosis Nursing in Industry" were the subjects discussed at the Wednesday afternoon meeting. Miss Billings pointed out in opening the conference that tuberculosis has become a family problem of first importance. Great attention was paid to the paper on "The Family Aspect of Tuberculosis Nursing." This paper was read by Alta E. Dines, R.N., Director Nursing Service, Association for Improving the Condition of the Poor, New York City. Miss Ada S. Wolfoak of the Associated Charities of Atlanta, in opening the discussion on this paper dwelt upon many of the problems surrounding tuberculosis situations that confront the Associated Charity workers throughout the state of Georgia. Miss Wolfoak led the discussion in place of Joseph S. Logan, Southern Director of the American Red Cross, who was unable to attend the meeting. She showed that in April of this year the Associated Charities of Atlanta cared for 1,500 cases, 12 per cent of which had tuberculosis. She pointed out that the problem of relief, undertaken by Family Welfare organizations, was very heavy when tuberculosis was a factor in the case because relief must cover long periods of time. She urged that home treatment be not recommended wherever sanatorium care is possible.

Miss Laura E. Black of Richmond, Virginia, wrote the other paper given at the Wednesday meeting but it was read by Miss Agnes D. Randolph of Virginia. Miss Black's paper accented the tuberculosis problems of workers throughout the south and dwelt especially on the situation existing in tobacco factories. Miss Elizabeth Gregg of New York led the discussion of Miss Black's paper.

Dr. Mattie E. Coleman, Managing Director, Colored Anti-Tuberculosis Association of Tennessee, opened the meeting of the Nurses Section Friday afternoon with a paper on "County Case-Finding in Tennessee." Miss Alice Dugger, Richmond, Virginia, and Miss Nelle Brown, Supervising Nurse, Anti-Tuberculosis Association, Atlanta, Georgia, discussed this paper. The final paper was one on "The Nurse, A Maker of Statistics," by Miss Emma Duke, Child Health Demonstration, Athens, Georgia. A spirited discussion concerning the value of statistics in tuberculosis control followed this paper. The discussion was led by Miss Chloe Jackson of Georgia and Miss Gardner of the Association for Improving the Condition of the Poor, New York City.

# THE NURSES' PART IN A BREAST FEEDING CAMPAIGN

By Helen Chesley Peck
Executive Secretary, Minneapolis Infant Welfare Society




THE object of this paper is not a scientific treatise on the composition of breast milk but an informal talk with nurses about what they may do to give all babies an equal chance for the right start in life.

Breast feeding is recognized and accepted as the basis of good nutrition and health. So fundamental is it that every phase of preventive medicine points back to the importance of breast milk as an essential factor for health. Modern dentistry teaches that breast milk provides the first step toward the development of good teeth. Also it is known that the breast fed baby is less susceptible to contagious diseases and the ills of childhood. Statistics prove conclusively that the death rate of infants naturally fed is much lower than of those artificially fed. Every child has a right to demand this start in life.

The late Dr. J. P. Sedgwick first made a city wide demonstration in Minneapolis of what an intensive educational program could do, and his articles are well worth reading. Dr. E. J. Huenekens' recent paper on "Breast Feeding as a Public Health Measure," read at the Annual Meeting of the American Public Health Association in Boston, gives the present routine in Minneapolis, and a series of articles in the *Long Island Medical Journal* for January, 1923, gives the Program just begun in Long Island by the New York Department of Health.

With the exception of the few cases in which the mother's condition is abnormal, where the mother has tuberculosis, or where some deformity in mother or baby exists, breast feeding should be possible. In Minneapolis breast milk is made possible if actual feeding at the breast is denied. Occasionally the registry for breast milk will show that the supply available exceeds the demand. Mothers, them-

selves, notify the office that they have more milk than their baby needs and gladly give the time that it requires to "express" and care for this milk. Most mothers, however, are paid ten cents an ounce. Hospitals and private physicians coöperate in using and supplying the names of these mothers. There is no publicity given to this service except as the nurses in the field teach the value of breast feeding.

### *Normal Mothers in Every Part of the Country Are Still Resorting to Artificial Feeding of their Babies*

Ask these mothers in your community and the answers will be: "I haven't enough milk," "I never could nurse my babies, the women in my family never could," "My milk is bad for the baby" and similar excuses. Very seldom do we find a mother who does not *want* to nurse her baby. Such a mother is rare, no matter what her station or duties in life. The Minneapolis Infant Welfare Society visits the mother of every new born baby and the nurses are convinced that this is a fact.

A mother attending a clinic burst into tears when the doctor "expressed" milk from her breast and said earnestly, "Honestly doctor, I didn't know there was any milk there." And again in a home where a midwife had delivered the baby and was urging the mother to give up attempting to nurse the child, the nurse "expressed" milk easily from the mother's breast. Both the mother and midwife were quite distressed to think they had even considered a bottle.

Accumulated evidence that mothers really want to nurse their babies came to us after Dr. W. A. Evans in his *Health Section*, referred to Minneapolis for "further information on breast feeding." These health letters are published in daily papers all through the country and the Infant Welfare Society received inquiries from every state in the Union.

We have nothing new to offer, nothing that nurses do not already know, but all of our effort is carried to the nth degree. A nurse who came from another state to investigate the breast feeding work in Minneapolis, said, "We were taught the value of breast feeding but we have never applied it practically, as you do here."

Our creed is "Every mother *can* nurse her baby." Sometimes we modify it by "at least partially," but we prefer not to do so. To be a successful teacher you must believe what you teach and as soon as you begin to qualify the statement a shadow of doubt creeps into your own mind and the effect of the positive fact—"every mother can nurse her baby"—is lost.

### *Prenatal Preparation*

We take every opportunity of contact with any mother to teach breast feeding and we never stop. If a new mother comes to us with an older infant which has been bottle fed we sympathize with her because of her misfortune and prepare her mind for the opportunity to nurse the next baby if she should have another. As early as we can reach the expectant mother we plan for breast feeding. Of course, she will nurse her baby. She has no reason to question the fact at this period. This baby will be different from every other baby—her own or anyone else's.

There is no special instruction by the nurse except care of the nipples. The doctor may have particular directions for this, but in most cases careful, daily cleansing with soap and water and pulling out of the nipples if they have a tendency to invert may be advised. Anything unusual must be called to the attention of the attending physician for advice. The usual normal hygiene and diet for pregnancy is necessary, with emphasis on the mental attitude. Cheerful environment, wise encouragement and optimism are all most important in securing the best physical conditions. The preparation for breast feeding should begin during pregnancy. If only grandmothers might be included!

During the neonatal and postnatal

period the responsibility for establishing breast feeding belongs to the attending physician and nurse. If you have the opportunity of continuing right through the case the results should be easier to accomplish. Many times the proper efforts are not made to teach the new baby to nurse. Some babies have to be taught to nurse properly and *thoroughly,* and the earlier they learn the right way the simpler will be the mother's task. During this period the mother remembers all you have told her about breast feeding and she has plenty of time to think about it and usually no reason to question it.

But after the mother is up and about the house, gradually assuming more and more of her household cares, breast feeding may not be so simple. The baby is about three weeks old and beginning to assert an individuality. He demands attention and his principal complaint is hunger, and soon the mother reasons, "Have I enough milk?" "I wonder if my milk makes him cry?" "It must be, as I feed him nothing else." "I shall have to give him a bottle." How many mothers do you know who would never think it necessary to ask a doctor's advice? "Oh, no, I'll phone Cousin Mary, her baby is just a month older and she will tell me how she fed her baby." This is the psychological moment for the public health nurse.

### *The Infant Welfare Nurse Calls On the New Baby*

In our Manual for Nurses we cannot tell the new nurse just how to make this first contact. The office receives the list of new-born babies daily from the City Health Department but the nurse cannot judge from the list the condition of the home or the wisdom of the family. She must call at the home at least once to give this baby every opportunity of his birthright. Usually the words "You have a new baby; I came to see if I could be of any assistance," are enough of an introduction to start the conversation. There is not time in this brief article to discuss this entire visit, so let us merely consider this mother about to consult Cousin Mary. How can we help her feed her baby at the breast?

Let us suppose we have first obtained the permission of the attending physician to do all we can to have this baby breast fed. Even if we know he approves of our policy it is only courteous and professional for us to confer with him. Is the baby fed regularly? Minneapolis physicians usually use a four-hour schedule, making five feedings in twenty-four hours—but occasionally the baby is started on a three-hour schedule.

*Regularity.* Our first point is regularity of the feedings and the same hours every day. We also insist that the mother give her undivided attention to this feeding. The baby is to be awakened and changed, the mother to wash her hands and prepare the breast and then nurse the baby in a quiet room. The baby must attend strictly to his job of nursing, neither eating too fast nor too slowly, neither too little nor too much. The only correct way to determine the amount is by weighing the baby before and after nursing. Few of our mothers have this opportunity at home and must be urged to go to their doctors regularly for weighing and examination.

Some babies nurse the amount they require in fifteen minutes. Others need twenty minutes. If a baby has been awake and nursing twenty minutes and is not satisfied special attention is needed. Increased stimulation of the milk glands increases the supply. Instead of nursing alternately from each breast it is often necessary to nurse both breasts, ten minutes on each at every feeding time, but both breasts must be completely emptied. It may be necessary at first to nurse both breasts every three hours and then return to the four-hour schedule gradually.

*Complete Emptying of the Breasts at Each Feeding* is the second point we emphasize. If the breasts are not completely emptied they secrete less and less milk. When the baby does not do this, it must be done by "ex-

pressing." The supply of milk will diminish if the demand on the breasts is not kept up. Often a little baby does not require all that is supplied, and later on as he grows older the supply is not sufficient.

We do not emphasize any special diets. By explaining well balanced meals, stressing fruits, cereals, vegetables and plenty of fluids, we attempt to carry out the idea of normal living. Light lunches including milk are advised between meals if the mother wants them and if her appetite for her regular meals is not spoiled. A milk drink or cereal at bed time is recommended. Normal exercise, rest and careful, personal hygiene are explained in detail. A serene and happy frame of mind is needed above all else. The mother who allows herself to worry about herself or her baby or who be-

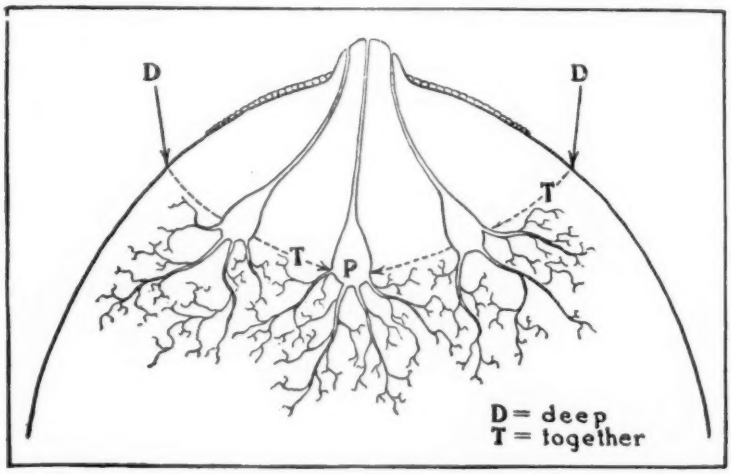



FIG. 18. Illustrates the movements needed to force milk out of the little pockets "P" in which it collects. Place a finger and a thumb on opposite side of the nipple at "D." Press deeply into the breast in the direction of the black arrows. Then compress the breast together in direction of dotted line toward point "P." This will force the milk out of the ducts in streams. "Deep" and "together" express in two words the motions required.

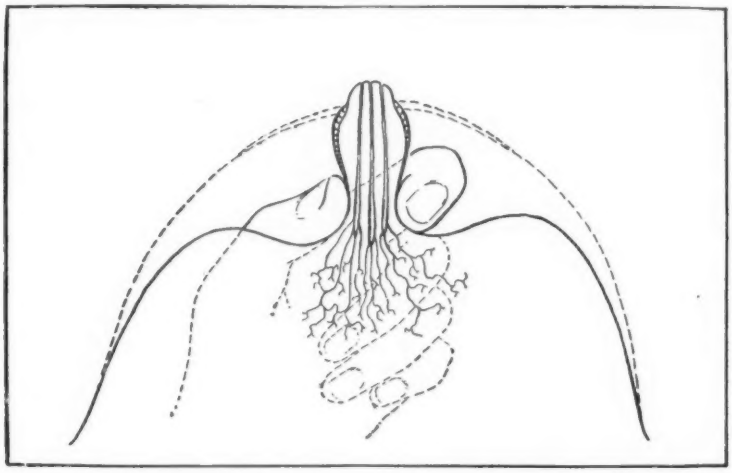


FIG. 19. Diagram showing the method of expressing the milk from the breast by compressing the milk pockets between the thumb and forefinger. The three unused fingers may be folded as indicated or used to support the breast. This represents the second or "together" motion.

*Reproduced by courtesy of J. B. Lippincott Co.*
*From "Nutrition of Mother and Child," by C. Ulysses Moore, M.D.*

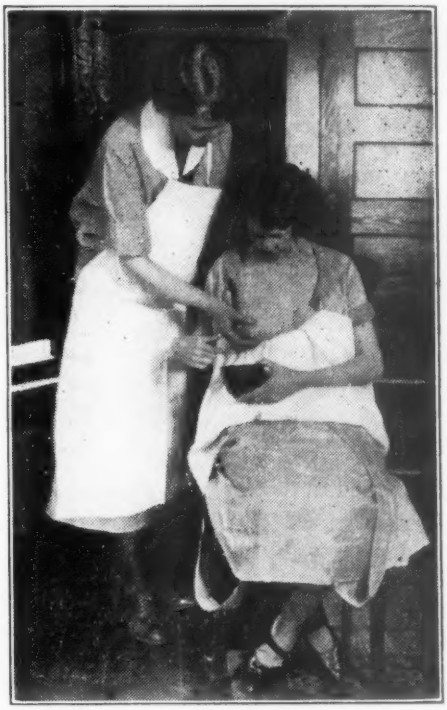
comes unnecessarily excited about little things soon finds that her appetite decreases, her rest is broken, and the supply of breast milk diminished. This mother will be quick to say, "I'm so nervous, I know my breast milk is bad for the baby. It just makes him nervous too." This, of course, is untrue, but it will be hard to make her understand that nothing is wrong with the quality of the breast milk, but rather in the quantity and that her nervous behavior reacts upon the child. She needs wise encouragement and a simple explanation of her own mental attitude.

For the baby whose weight does not increase the mother must temporarily use a complemental feeding, always ordered by her physician. A mistake the mother often makes is to substitute a bottle in place of a nursing, with the idea that her milk will thus accumulate. The opposite will result, for as soon as the stimulation of the glands is lessened the supply will diminish. The mother will also be taught to "express." The usual routine at this time is a three-hour schedule—nurse each breast ten minutes, "express" from both, feed the "expressed" milk to the baby and then give only as much artificial feeding as is needed to complement to the required amount necessary.

As the mother acquires the "knack of expression" it will not be difficult. In order not to prolong the nursing period the mother may feed the milk "expressed" at the previous feeding which has been kept cool and covered. The amount "expressed" may be small at first, but as it increases the amount of complemental feeding decreases. In many cases the complement can soon be omitted, then the "expression" is omitted, and finally we have the baby entirely breast fed. The mother must be encouraged constantly. Sometimes hardly a drop or two of milk is "expressed," but the mother must continue for five minutes on each breast. The emphasis is on the "expression" as it is the increased stimulation of the glands that increases the flow of milk. We have been able to reinstate breast feeding after the baby has been off the breast two or three and even four weeks. Partial breast feeding in all instances is better than none at all.

*Technique of "Expression"*

The technique of "expression" is as follows: The diagram on the preceding page plainly shows the physiological process, but there is a certain "knack" which comes to the nurse and mother by practice. It should cause no discomfort to the mother if done correctly. Each mother may do it differently, but there is little danger of harm if the breasts themselves are not handled.



Technique of "Expression"—Nurse's Manual.

Place chair in convenient position. Have sterile bowl ready. Have mother wash hands and breasts (especially nipples). Put on your own apron. Wash your hands carefully. Place yourself back of the mother, so that you will use your hands in exactly the same position which you wish the mother to take with her own hands.

Proceed as follows: First, with the thumb above and fingers below just back of areola press deeply and firmly backward into the tissue of the breast; the "deep" motion. Second, maintaining this pressure, with the same fingers compress the breast behind the base of the nipple, with the same fingers compress the breast behind the base of the nipple and pull out with a quick jerk, the "together" motion shown in diagram. This forces the milk out of the little pockets in which it accumulates. The fingers do not move forward nor change their position on the skin during the process. Only one hand is required for expression; the other holds the bowl which receives the milk. With a little practice this motion can be repeated fifty to one hundred times a minute. If manual "expression" is properly performed the milk comes in *streams*, not in drops. Be sure that the mother is able to express, understands the importance of cleanliness, and that she also understands the principle that lies back of the teaching of "expression"; that this method is used to evacuate and stimulate the breasts, and that however small the amount secured, it must be fed to the baby.

*Summary*

To sum up the factors which will help give every mother the chance to nurse her baby:

1. A determined effort on the part of the mother to do all she can to make this possible.
2. A cheerful, happy environment for mother with adequate diet (plenty of fluids), rest, exercise, and fresh air.
3. The opportunity to have encouragement and advice regularly from a competent physician including the examination and weighing of the baby.
4. Regular nursing periods.
5. Complete emptying of the breasts at these periods by the baby or by "expression."
6. Increasing the supply of breast milk by "expression"—the amount required to be made up temporarily by a complemental feeding; this is to be done only on the advice of the physician.

One of the strongest proofs we have of the value of this program is the untiring zeal with which the nurses meet each new case. They believe so positively that each mother can nurse her baby that the mothers respond wonderfully to their suggestions. The mother who came back to the clinic desk to say to the nurse "You'll be sure to write it on Betty's chart that we didn't give any bottle this week" is typical of the only reward we ask—"entirely breast fed."

EDITOR'S NOTE: In the current number of the *American Journal of Nursing* appears an article on this same subject by Dr. E. J. Huenekens.

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Dr. M. Michailovsky of the Russian Public Health Service sends us this translation of an excerpt from an article by Dr. A. I. Marseff (Kharkoff), published in the January-February issue of the *Preventive Medicine*, the monthly organ of the Ukraine Sanitary Organization (Kharkoff):

No matter which side of the American public health service we touch upon, it is impossible not to mention nurses—this unique American institution, which plays in that country a great and exceptionally important part. The American sister of mercy (nurse) is a purely prophylactic worker, an excellent teacher, a carrier of hygienic knowledge and habits, and at the same time a very active worker in the social field. All of these traits of the nurse are extremely important and valuable in the crusade against such a disease as tuberculosis. Children's hygiene, dispensary work, the examination and treatment of the sick at home, social help—in all of these most important branches of the anti-tuberculosis campaign the work of the nurse is great and productive.

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If you are not going to the Convention, please be sure to vote by mail.

If you are going to the Convention, obtain a ballot from one of the tellers in order to cast your vote in person when the polls are opened.

# RUSSIAN PEDOLOGY AND HEALTH CONDITIONS

By Peter P. Tutyshkin, M.D.
Medico-Pedological Institute at Moscow

Editor's Note: We are glad to be able to present this view of Russian efforts for the conservation of child life. It seems to us that some of the ideas expressed in Professor Winslow's article in this same number are closely related to Dr. Tutyshkin's presentation.

IN all domains of national creative work in Russia of to-day an entirely new outlook prevails that is decidedly materialistic.

In the sphere of physical and technical knowledge it is expressed in the modern theory of energy and is connected with the newest discoveries in the field of evolution of matter, electronic theory, Einstein's theory, etc. In the biological field it follows Darwin's theory and the modern adaptation of Lamarck's theory, connected with experimental biology adapted to the study of the laws of inheritance of acquired individual characteristics, as expounded by Professor Cammerer on his recent visit to America.

This new outlook also follows the Mendelian theory of heredity, connected with the modern genetics and eugenics, as well as the theory of internal secretion, which is of significance not only in physiology, but in psychology as well. In the economic and social sphere this outlook tends to the development of the materialistic conception of history according to the philosophy of Marx. Public health and education is developed along the same materialistic lines.

There is being founded to-day in Russia a new philosophy of education, which combines both physical culture and mental hygiene (social eugenics). In this respect the work of the Russian physician, which is gradually passing from the healing to the preventive stage, is being combined with the educational work, the last but representing a certain type of mental hygiene.

The new science, pedology, combining both social hygiene and social education, indicates the close connection existing between the normal and abnormal child; there is a gradual transition from the average type to the exceptional, in the latter case there is always observed a maladjustment of the individual to the social environment. Mankind, therefore, is confronted with the solution of the greatest problem, that of social culture based on the principles of social eugenics. At present the social problem finds its expression in the class struggle, but its only solution, however, lies along strictly scientific lines, without any pressure from the ruling classes.

### *Definition of Pedology*

Social pedology is a part of social anthropology, which concerns itself with the social study of the different ages of men and their different problems; the problem of physical culture and mental hygiene of adults; the question of criminality, etc. Social anthropology in contradistinction to sociology (in the accepted sense) takes cognizance of the close bond existing between psychical and physical phenomenon, which fact is obviously recognized by the American social workers in the practice of their case work.

Social pedology defines education as the regulation of the activities of the growing personality in the interests of society; from the standpoint of social eugenics individual and social interests should always harmonize.

The social activities are developed in the historical sequence according to

the law of social evolution of humanity; the personal activities are developed from the moment of conception, according to the law of individual evolution. Therefore, in modern pedology, the fundamental biogenetic law of Heckel-Muller, concerning the parallelism of individual and social evolution, plays a very important part. In the prenatal, as well as in the postnatal period, the developing child displays certain characteristics inherited from his distant progenitors, for instance, as pointed out by Darwin, we inherited certain physical and psychical characteristics from animals, or certain characteristics of childhood are inherited from savages, barbarians, medieval knights, etc. In connection with this, it is important to make a thorough study of the characteristics inherited by the child from its immediate family and all branches, according to the laws of modern genetics based on the Mendelian theory of heredity. In the case work, each individual case must be studied from this point of view. The fundamental characteristics of the individual are essentially due to heredity and this limits to a certain extent the influence exerted by education.

Physiologically, individual behavior expresses itself in movements, which depend upon the reflexological functions of the nervous system; the latter must be studied thoroughly, in each individual case, from a strictly objective point of view. The chief characteristics of these reflexes are developed in the prenatal period and also during the period of infancy and are intimately connected with general metabolism and especially with the function of internal secretion and, consequently, with all the physical traits of the child, normal and pathological (height, weight, complexion, etc.). All the facts of the prenatal and postnatal child physiology have a very vital significance in modern education, based on the principles of mental hygiene and physical culture (pedology), which would indicate that pedology is very closely connected with public health nursing.

### *Health Conditions at Beginning of Revolution*

From the above it is obvious that the new Russian eugenic education puts equal stress on physical culture and mental hygiene in connection with child metabolism and endocrinology. Therefore, it is important to indicate the health conditions of the Russian children at the beginning of the revolution and what was accomplished since.

Statistical researches indicated that at the beginning of the revolution, about 50 per cent of the child population displayed tubercular symptoms; 25 per cent an inclination to nervous diseases and the remaining 25 per cent have proven to be anemic and undernourished. More than two million of children were homeless. Naturally different infectious diseases of children prevailed to a tremendous extent and mortality increased accordingly.

### *Measures for Safeguarding Health of Russian Children*

Beginning with November, 1917, in Russia began the movement to safeguard the health of children. Throughout Russia were organized school-hygiene departments in connection with the commissariats both of public education and public health. Independently of that in all provinces of Russia were formed maternity and infancy departments with nurseries and free consultations to mothers. The new laws passed aimed to safeguard the health of the mother. The prospective mother is entitled to four months vacation with salary, two months prior to giving birth and two months after, and during the entire period of nursing the mother is allowed half an hour every three hours to nurse the baby.

For the improvement of children's health throughout Russia are organized, especially during the summer months, in connection with factories and work-shops, physical training circles, bearing the name of "ants," with tens of thousands of children.

At the initiative of unions of young

people, new laws were passed, making physical examinations of the young workers in the various factories compulsory, and those deficient in health are sent to various sanitariums, summer resorts, special colonies, etc. The women organizations of peasants and workers participated in all the reforms concerning children's health.

For the struggle with child homelessness, a central governmental committee was organized, with branches throughout Russia and special posts of children's social inspectors were created, whose duty it is to discover homeless children and place them in appropriate institutions where they are classified, diagnosed and treated according to the principles of pedology.

Throughout Russia are organized special kindergartens and children's colonies in suburbs and villages where special attention is being paid to the physical, esthetic and manual training of the child. For tubercular and anemic children are formed special open-air schools in woods, parks, etc.

For the preparation of the new type of pedagogues special colleges were formed, the most prominent of them being the Medico-Pedological Institute and the Institute of Physical Culture at Moscow.

*Conferences of Workers*

To coördinate and regulate all the various activities pertaining to children's health and education, periodical conferences of teachers, physicians, psychologists, nurses and social workers take place and their resolutions serve as a basis for new laws on children's health and education.

There are also conventions for teachers with special exhibitions and courses, the aim of which is to broaden their theoretical and practical knowledge.

In conclusion I want to say that in Russia at present the work of the physician, pedagogue, psychologist and social worker is very closely connected and coördinated and the burden of carrying these principles into execution and adapting them to everyday life, lies on the shoulders of the nurse, who is the connecting link between the specialists and the general public.

In view of the fact that the trend of modern education in Russia harmonizes with that of the United States, it is highly desirable to establish Child-Health educational coöperation between both countries. This represents the aim of the American-Russian Pedological Society, the idea of which is propagated in America by me.

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The New York School of Social Work, 105 East 22nd Street, in coöperation with the American Social Hygiene Association, instituted this spring a course of training for policewomen executives. The course "aims, in addition to the general equipment for protective and other social work with the delinquent classes, to furnish special information and training with respect to the organization and function of the police, the place of the policewoman in this organization, and the field and technique of her work." Public health is one of the subjects studied in a comprehensive course which includes the history of the policewoman movement, police systems, mental hygiene, criminology, field work, etc.

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The program for the National Conference of Social Work to be held in Toronto June 25–July 2 inclusive numbers among its many interesting features: General Session on the Inter-Relation of Social Agencies, a Consideration of the Rural Problem, Negro Migration and Its Effect on Family and Community Life, Immigration Legislation and Its Administration as It Bears Upon the Problem of Assimilation, Prohibition.

Section Meetings will be held on Children, Delinquents and Correction, The Immigrant, Health, The Family, Industrial and Economic Programs, Neighborhood and Community Types, Mental Hygiene, The Organization of Social Forces and Public Officials and Administration.

## ANNUAL CONFERENCE OF SOUTHERN MOUNTAIN WORKERS

*A Sturdy Southern Mountain Family*

"People's Colleges," as originated in the Scandinavian countries, were urged as a possible solution for some of the problems presented by our Southern Highlanders, at the 12th Annual Conference of Southern Mountain Workers held in April in Knoxville, Tennessee. Mrs. John C. Campbell, a recognized authority on mountain work, and Miss Marguerite Butler of the Pine Mountain (Ky.) Settlement, told those attending the conference of their observations in Denmark and Finland.

The Danish institution is for adults, Mrs. Campbell explained. Women attend in the summer time for three months, men in the winter for five months. Mrs. Campbell felt that establishment of similar institutions in the Southern Highlands would help, not only in the education of the Highlanders, but in their economic progress through coöperative marketing associations and similar organizations. Students in the People's Colleges are taught the necessity of going back to the community as leaders who will help raise the standards of living, etc., and 89 per cent of the Danish students heed this call.

Miss Butler discussed the application of the Danish plan to the super-rural problems of Finland. The Finns stress the practical in their colleges. Agriculture, domestic science, weaving, and carpentry are given as important a place on the program as the three R's. Coöperative institutions have been successfully developed in Finland.

Dr. C. H. Galpin, of the Bureau of Agricultural Economics, U. S. Department of Agriculture, felt that a type of all the year round educational institutions located in the community might go far toward meeting the needs of the rural population. He cited Denmark's experience not only with the folk school but with the small holder's school and with the domestic school for engaged girls.

"A possible Program for the Extension Center, Suggested by the English Adult Educational Movement" was the subject of an interesting paper by Miss Edith Canterbury, formerly county secretary of the American Red Cross, Point Pleasant, West Virginia. All the sessions were very practical and helpful, and the attendance was larger than at any previous meeting.

*From a report sent in by Phyllis Higinbotham*

# MATERNITY SERVICE OF THE MILWAUKEE VISITING NURSES' ASSOCIATION*

*Contributed by Members of the Staff*

The need for a maternity nursing service on the visit basis appears to be universal, and will continue to exist as long as people with only moderate incomes raise families: for most families are almost willing to jeopardize their health and well-being rather than be separated from their families for even the short hospitalization period of confinement. Should not these mothers and their offspring have just as good and skilled nursing care as those who can and will go to a hospital? And if prenatal, natal and postnatal care reduce maternal and infant death rate, is it not of value to the community to give this care? And is it not the responsibility of Public Health Nursing Organizations to see that this care is available?

Our prenatal and delivery service was begun in 1920 as the outcome of a very definite need for it, and, as in other cities, has been the means of reducing the maternal and infant mortality and morbidity rate.

*Registration*

While we advocate and prefer it, we feel that we cannot as yet demand registration of all our cases, and we do not refuse a call from a nonlisted case. Each month the percentage of patients referred by the physician, or patient herself, grows—as does the length of time we have them under supervision.

*Prenatal Work*

Our delivery service is limited to the city of Milwaukee, but prenatal and postnatal services are given to patients in the suburbs of Shorewood, Wauwatosa and North Milwaukee. Each nurse has her own prenatal district, but she responds to delivery calls from any part of the city. This, of course, increases our travel time, but until we have a larger staff of nurses, it seems the most feasible plan. Since last October we have been endeavoring to carry out the program of the New York Maternity Center in our prenatal work, and physicians and patients have given us their hearty cooperation. To date we have but one station where we conduct a Mother's Club, but we hope soon to have two more. Because of our small staff we see our normal cases only once a month, but the abnormal cases are seen as often as possible. The majority of physicians who send us their cases have given their consent for us to do the urinalysis and take the blood pressure, and we send a written report to them. The patient is visited regularly even though she plans to have a midwife—or if she has a doctor and does not plan to have our delivery or postnatal service. After confinement we carry the patient for one month for weekly visits.

*The Physician and the Delivery*

Assistance at deliveries or operations is given only to a licensed, practicing physician. We instruct the patient to call the doctor when in active labor, but often the nurse is called at the same time. If the doctor feels it safe to leave the patient for a few hours and returns to his office or makes another call, the nurse remains with the patient providing she is in active labor. The nurse never leaves the case without first consulting the doctor. The patient is prepared in the same way as if she were in the hospital, and after the delivery the nurse remains in the home long enough to give the initial postnatal care to mother and baby and instruct the family regarding the care to be given until the call of the visiting nurse the next day. Be-

* This is the eighth of the series of articles on "Can a Satisfactory Maternity Service be Carried On as Part of a General Health Service?"

cause a nurse is often sent from her prenatal district to respond to a delivery call, and because the great distances will not allow her to come to the office for a delivery bag, we carry a combination prenatal and delivery bag. Our delivery equipment is of the simplest—lysol, green soap, alcohol, rectal tube, funnel, razor, cord set, rubber catheter, tongue depressors, scale, silver nitrate, 2 sterile pads, 2 sterile towels, apron wrapped in towel. The patient has sterile cotton and gauze and has been taught how to make the newspaper pads and protect them from the dust.

Occasionally it happens that the patient has a very short labor and that we arrive at the home after the baby has been born. General care to mother and baby is then given.

*Fee*

No charge is made for the prenatal visits.

For delivery service, $5.00 to $10.00, depending upon the length of time the nurse is in the home, and upon the financial circumstances of the patient.

For false alarms, and for arriving after the baby is born, $2.50.

Not infrequently the doctor reduces his fee to the patient providing she will have a nurse, and sometimes he pays for the services himself.

We do not have the reliable street car service that many other large cities have and the nurse takes a taxi to all calls that come in after 9:30 P.M. The patient pays for this.

*The Staff*

The obstetrical department consists of seven nurses, including a supervisor. Nurses in this department must be graduated from an accredited hospital, be registered in Wisconsin and must have had special training in obstetrics. Their salary is $5.00 per month more than is paid to the other staff nurses. They are responsible for the prenatal and delivery service and are only occasionally asked to assist with the district work.

*Time on Duty*

Our time schedule appears to be very differently arranged from that of other cities. We alternate in shifts of three—the supervisor taking cases when the other nurses are out. The week the nurses work during the day their hours are from 8:00 A.M. to 5:00 P.M. Their hours for calling in at the office are arranged in such a way that the registrar is in touch with one of them every half hour.

The week the nurses work during the night they are on call from 5:00 P.M. to 8:00 A.M.

If the night nurse is not called, or if she returns from her case before midnight, she is on duty in her prenatal district the next morning from 8:00 A.M. until noon.

A day nurse will call for relief at 5:00 P.M. if her patient will not deliver for a few hours, and the night nurse does likewise at 8:00 A.M.

Week-ends. Every other week-end—from Saturday noon to Monday 8:00 A.M.—off duty.

We have found this schedule to be very satisfactory.

*Cost of Service*

The cost of the service for 6 months, beginning October 1, 1923, was based on the cost to the association for keeping a nurse on duty one hour; this includes all types of service, with the exception of the industrial work.

Number of deliveries, 482.
Average time spent per delivery, 5 hours, 9 minutes.
Average travel time per case, 54 minutes.
Total time, 6 hours, 3 minutes.
Cost to Association per hour per nurse, $0.86.
Cost to Association per delivery, $5.16.
Amount received from patients, $2,709.90.
Average fee received, $5.60.

It is not to be assumed from this report, however, that the delivery service is self-supporting. In arriving at our cost we did not take into consideration the time spent while waiting for delivery calls. We do feel, however, that the cost to the association is no more than any other type of work that we are doing.

**Chateau-Thierry**
**From an etching made in 1919**
**by**
**Will Simmons**

The bridge at Chateau-Thierry immortalized by American valor, and the statue to the most distinguished son of the little town, Jean de la Fontaine, whose fables are the heritage of all children, young and grown up, must now share honors with "Le Methodiste," one of the most unusual monuments erected to the American soldier dead. Writing in the *New York Times*, Bernhard Ragner tells of the insistence of his French guide that he see "Le Methodiste."

"Oui, oui," insists the Frenchman. "He nurses our babies, cures the sick, teaches stenography, runs a free movie, stages wireless concerts, organizes Boy Scout troops, operates a free library and takes the girls on hikes. Why, he's too good for us."

For the Methodist memorial, lodged in the snow white building which was once the Hotel Elephant, on the street now called Rue des Methodistes, combines all the services cited by the enthusiastic Frenchman, and more, to form an "up-to-date community center, American style, 1924 model." So stripped of sectarianism is its work that the Catholic priest in the village gives his approval. It is demonstrating the religion of the doughboys, which omitted theology and laid the emphasis on life.

Two marines who fought at Chateau-Thierry, standing in the cemetery of Belleau Wood gave voice to the thought that such a great sacrifice deserved eternal commemoration. To this chance remark, overheard by a member of the Methodist Wartime Commission in France, the Memorial owes its existence.

# CAMP CHRISTMAS SEAL

By Elizabeth Yost

Director Division of Public Health Nursing, Board of Health, Akron, Ohio

Editor's Note: This article is in response to the interest aroused by the third problem, "How many school nurses are working during the months that the schools are closed?" presented in Miss Bear's article which appeared in March on "A Presentation of Problems that Concern the School Nurse."

The Akron nurses who have supervision of the school children during the school term have recognized and solved the problem of meeting their responsibility to the undernourished child. As these municipal nurses do generalized work, school nursing is only one of their interests. But with their visits to the homes in the interests of the whole family and their summer work at Camp Christmas Seal, they are now caring for their school group most adequately. Many cities make no attempt to follow up winter work in the schools throughout the summer and this long period of neglect is responsible for retrogression in the condition of the children on their return to school in the fall.

E. W. Bears

IN every community there are a large number of undernourished children who present a serious problem to health workers. A small percentage of these children are given careful supervision during the school year in the open window rooms, but retrograde decidedly during the summer vacation period when they have little or no health supervision. In an endeavor to meet this situation in Akron, Camp Christmas Seal was established. Financed by the sale of Christmas Seals, it was sponsored by the Federation of Women's Clubs and was under the direct supervision of the Health Department.

An unoccupied fruit farm belonging to the city of Akron, overlooking a beautiful inland lake, was secured for the consideration of $1.00. A commodious farm house and large barn were used. Both house and barn were screened; the house serving as kitchen, dining-room, and dormitory for the girls and women attendants, the barn as a dormitory for the boys, and a playground in inclement weather.

Through the school physicians, nurses, and clinics, two hundred eligible children were recommended, but, since the camp could accommodate only twenty-four, it was necessary to exercise minute care in making selections. A thorough physical examination of each of the two hundred children was made. The decision as to the eligibility for admission was based upon age, (six to twelve years inclusive), the height-weight index, the general physical condition, absence of any infectious or contagious disease, the home conditions, and the family history; diagnosed cases of tuberculosis were not accepted. After serious consideration, twenty-four children were selected. Before camp was opened, these children were required to have defective conditions such as teeth, defective tonsils, adenoids, etc., corrected. Each child presented an agreement, signed either by the parent or guardian, relieving those conducting the camp of any responsibility in case of accident, illness, or loss of property. Group accident insurance was carried.

Three Health Department nurses were on duty constantly. For the general care of the camp, two women and one man were employed. Health Department and Sanatorium physicians made regular visits to the camp.

The expense of camp equipment is variable, depending upon the character and setting of the camp and the number of children to be cared for. In this case the local Red Cross chapter loaned cots, mattresses, pillows, and furniture. Each child was supplied with one double cotton and one heavy woolen blanket. Wearing apparel and personal articles were furnished by the individual children.

No attempt was made to force-feed the children. A great variety of wholesome, substantial food was served, plenty of milk, eggs, vegetables, fruit, bread and butter, and some meat.

A daily schedule was adhered to as

strictly as circumstances would permit. Visiting hours were limited to Sunday afternoon. The schedule adopted after much careful thought follows:

| | |
|---|---|
| Rise | 6:30 A.M. |
| Breakfast | 7:00 A.M. |
| Sun cure | 8:00–9:30 A.M |
| Bath—showers | 9:30–10:00 A.M. |
| Rest cure | 10:00–11:00 A.M. |
| Play—get ready for dinner | 11:00–12:00 A.M. |
| Dinner | 12:30 P.M |
| Rest | 1:30–3:00 P.M. |
| Sun cure | 3:00–4:30 P.M. |
| Showers | 4:30–5:00 P.M |
| Play | 5:00–6:00 P.M. |
| Supper | 6:00 P.M. |
| Play | 6:30–8:00 P.M. |
| Bed | 8:00 P.M. |

ducted by the nurses. Children were all given little duties to perform every day such as making their own beds, gathering fruit from the farm, dusting, helping to prepare vegetables, etc. The older girls were taught to wait on the tables. Table manners were unspeakable the first week of camp, but the plan of choosing a weekly hostess for each table worked beautifully.

Shortly before the close of camp an "open house day" was planned. Many visitors took advantage of this and seemed much interested in the activities.

The results obtained were extremely gratifying. The improvement possible

*A Group During Sun Cure Period*

The length of time devoted to the sun cure and rest varied, the sun cure period being gradually lengthened, and the rest period shortened, until the two were equalized to the schedule as indicated. During the sun cure, loin cloths only were worn, thus exposing the entire body surface to the sun's rays.

Every day nurses and members of the Federation of Women's Clubs entertained the children by reading to them and telling them stories. Once each week a volunteer from the Federation took the entire group to the lake for a swim. On Sunday morning, a short religious exercise was con-

in the physical condition of such children in the short period of seven weeks is remarkable. Pale faces became ruddy, wistful looks were replaced by those of happiness, flabby muscles became firm and rounded, and the posture improved.

The greatest individual gain in weight was 9.25 pounds, the least gain was 1.12 pounds. There was a sharp rise in the hemoglobin index. The entrance hemoglobin was 64.6, the discharge hemoglobin was 81.5.

These patients have been followed during the winter months and there has been no retrogradation.

The camp was operated from July 9

to August 25, 1923. The total budget amounted to $2,304.97, apportioned as shown below. It must be borne in mind that salaries of physicians and nurses were not included in this budget:

| | |
|---|---|
| Furniture | $144.80 |
| Lumber | 19.40 |
| Hardware | 31.00 |
| Household goods | 468.40 |
| Plumbing | 80.40 |
| Kodak | 25.00 |
| Groceries | 512.49 |
| Milk and bread | 246.97 |
| Laundry | 34.50 |
| Insurance | 53.20 |
| Fuel | 38.50 |
| Telephone | $14.36 |
| Draying | 49.50 |
| Salaries | 396.00 |
| Miscellaneous | 90.15 |
| | $2,304.97 |

This experiment served to add stimulus to public sentiment already alive to the tuberculosis problem and has proven that with good health supervision in the vacation period, undernourished children may be helped to establish a resistance that will carry them through the winter months and probably help to prevent the development of active tuberculosis.

## ANOTHER SUGGESTION FOR SUMMER ACTIVITIES

Mrs. Winifred Hathaway, Secretary of the National Committee for the Prevention of Blindness, sends us the following interesting comment on the question raised by Miss Bears' article printed in March:

We are particularly interested in the article "A Presentation of Problems that Concern the School Nurse," appearing in the March number of the PUBLIC HEALTH NURSE.

The work of our Committee brings us into very close touch with the school nurse and to her we have learned to look for the bettering of many school conditions. Indeed our very first question on going into any school community is, "Have you a school nurse?" We find our own feelings echoed in many communities by the explanation given by school authorities for bad physical condition of children and school buildings, "You see we have no school nurse."

Two of the problems presented in the article appeal to us in particular. "Summer Activities" and "Home Visits and Parent Consultation." It would seem to us that summer school vacations are the very best possible time for the school nurse to get in touch with the preschool child who is to enter school the following September. In many communities a real effort is being made to reach these children so that minor defects and diseases may be corrected or cured and the little school entrant be enabled to start in with a clean record.

However, in the majority of these instances it has been a great disappointment to us to find that practically no attention has been given to the eyes of preschool children even though it has been pretty thoroughly demonstrated that eye defects among school children rank second only to oral defects and that many serious diseases show their first symptoms in the eye. The cry has been that thorough eye examinations are too expensive, but if the expense incurred by children repeating grades because of eye conditions is considered, surely eye examinations will be found a much cheaper proposition.

If, however, the services of an oculist cannot be secured for all these children, the school nurse need not be deeply versed in ophthalmology to give them the visual acuity test and to recognize symptoms of the more common eye troubles; by the process of exclusion those really needing the service of an oculist are thus the only children brought to his attention.

The school nurse will be adding another inestimable service to her already long list if she will include in her summer activities this very vital piece of work. Moreover, if it is thoroughly done, she will have less work along this line during the year.

The matter of home visits and parent consultations cannot be too highly evaluated. The great majority of parents have not yet become educated to the point of giving due consideration to a notice of physical defects sent in writing from the school. It may not be too much to say that the visit of the school nurse to the home has done more to bring about better health conditions in school children than any other single factor. Parent consultations are gradually taking their place in community coöperation; in these, general problems and even some personal problems can readily be discussed, but the very meeting in a group in one's "company clothes and manners" may prevent to some extent helpful results that are the outcome of the intimate relationship of the nurse in her home visit.

Each of these activities is serving its particular purpose, supplementing, but in no way duplicating, the other.

We trust the outlook is for more extended service along both lines.

# RURAL PUBLIC HEALTH NURSING IN THE VETERANS' BUREAU

By Mary A. Hickey
Superintendent of Nurses, U. S. Veterans' Bureau

THAT you may get a picture of the work being accomplished by the Veterans' Bureau nurses I will tell you of an interesting trip made by one nurse in a rural district. This district extends north from A— about 186 miles, south about 50 miles, east 110 miles and west 40 miles. The beneficiaries are located in about 78 towns throughout this territory and are 450 in number.

Monday morning the nurse spent in the local office looking up the case record and going through the file that she might more intelligently advise regarding the case. She left the office at 2:30 P.M. and arrived in A— about 6:30 P.M., a distance of 106 miles. From 7:30 to 9 P.M. she called on two ex-service nurses, beneficiaries of the Veterans' Bureau.

Tuesday morning she left her hotel at 7:30. From 8:30 to 11 A.M. she made three calls, giving to thirteen beneficiaries instructions in the best methods of caring for themselves and their homes. From 11 A.M. to 1 P.M. she visited the State College, interviewed fourteen trainees, eight general cases and six tuberculous cases, all of whom were in need of instruction. From 2 to 5 P.M. she made four home calls. One beneficiary had recently returned from a tuberculosis hospital in C—. The beneficiary was suffering from boils and did not know where to go to receive the proper medical care. The nurse gave him advice and referred him to the clinic where he could receive proper treatment. She then returned to the hotel. Shortly after returning she received a telephone call asking, "Is this the nurse from the Veterans' Bureau?" Answering "yes," the man replied, "I am not in very good condition. I would like to come down and talk to you. I can be there at 7:30." He arrived at that hour and talked over all his troubles as well as those of his family, leaving at 9 P.M.

On Wednesday the nurse left the hotel at 7:00 A.M. and arrived at B—, a small town 88 miles north of A—, at 11:30 A.M. She made two calls, sent specimens of sputum to the local office for the purpose of completing examinations, gave health instructions and left B— about 1:15 P.M. She arrived at a small town ten miles south of B— and after calling at the address given, found the claimant was living six miles out in the oil fields. Traveling over a dirty, oily road and opening a number of large gates, she reached the first oil field. On inquiring for the claimant, she was informed that he was living three miles beyond through the canyon. Undaunted, she continued her hazardous trip and finally located the claimant. He was living in a dark, poorly ventilated room, the family all occupying one bedroom, doors and windows closed because of the young baby who they were afraid would take cold. The danger of infection and the great need of separate sleeping quarters in the open for the beneficiary were thoroughly explained. The beneficiary promised that the front porch would be equipped as a sleeping porch, which will help the living conditions of this family materially. The response of the family and the interest in her visit to this home well repaid the nurse and the hazardous trip over the oily roads was forgotten. She reached her hotel at 8 P.M., having traveled 211 miles.

Thursday she left the hotel at 7:45 A.M., made six calls, three to cases of tuberculosis, and called at the American Legion to locate two claimants, and also called at the hospital to interview a patient who had been there a long time taking the insulin treatment. The time from 7 to 9 P.M. she spent in writing reports.

Friday she made two local calls,

tuberculosis cases. She left A— at 11 A.M., arrived at C, a small town 55 miles south of A—, at 1:15 P.M., and made two calls. Continuing on her journey, thirty miles beyond she called on a claimant living on a small ranch. The family consisted of his wife and two small babies. Here again she found advice on general welfare as well as instructions in the care of the tuberculous beneficiary very essential. Also advice about sanitation because of the very bad living conditions. She arrived at A— about 6 P.M.

The Veterans' Bureau nurses going into these rural districts have a wide field in which to do public health nursing. Many of these rural districts do not have the advantage of the various clinics and hospitals that the cities have and in many of them there is no county public health nurse.

The Veterans' Bureau nurses who are visiting beneficiaries in rural districts meet many problems which in themselves seem small, yet to the patient mean a great deal. These beneficiaries of the Veterans' Bureau look forward to the visits of the nurse and have their problems ready to present to her. They depend upon the nurse to give them advice as to suitable diet, to instruct the family in bedside nursing care of the beneficiary, that he may be made more comfortable. Health teaching is especially necessary in families where there are small children and in cases of tuberculosis, because it is often found that these families are not careful regarding the care and disposal of sputum.

Aside from doing all possible to help our beneficiaries by sending the nurses into their homes, there is a big public health problem involved. The tuberculous individual becomes easily dissatisfied and often without warning returns home to a family unable to care for him. To get results a number of visits are necessary, but this continuous sympathetic personal contact by the Bureau with the beneficiary is a most important factor in enlisting his confidence and prevailing upon him when necessary to submit to hospitalization when this is indicated.

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*The Public Health Nurse in Czecho-Slovakia*

IN spite of the youth of Czecho-Slovakia, this country has made great progress in the development of public health nursing. Twenty nurses, graduates of the Prague State Nursing School, are at work in the child welfare centers established by the American Red Cross. Miss Anzenbacherova, a graduate of the International Public Health Nursing Course, is supervisor of these centers and enthusiastic about the work her nurses are doing.

Describing the work of the centers, Miss Anzenbacherova writes that the staff of each consists of a physician, who examines the school children and holds baby clinics; a nurse who assists the doctor in giving lectures to the school children on first aid and general and personal hygiene and also gives talks and demonstrations to pregnant women, holds classes for "little mothers" and organizes games and physical exercises for the children; and two or three social workers who visit the homes of the children and report on conditions found. Each child is under supervision until the age of fourteen.

In summer weak and anaemic children are cared for in country colonies established by the centers.

*Bulletin of League of Red Cross Societies*

# G. F. W. C.'S EDUCATIONAL CAMPAIGN IN MICHIGAN

*How the Michigan State Federation of Women's Clubs Carried Out the General Federation's Plans*

"A PUBLIC Health Nurse for Every County" is the impressive slogan adopted for this year by the public health department of the Michigan State Federation of Women's Clubs. No less impressive is the comprehensive manner in which the slogan has been followed up. Each of the 451 state clubs in Michigan was circularized by the chairman of the public health department, Mrs. Malcolm Smith, with a letter in which the General Federation of Women's Clubs announced to its members that it was "equally concerned with the National Organization for Public Health Nursing over the fact that the general public does not yet possess a complete understanding of the possibilities of the whole Public Health Nursing movement."

A series of exceptionally telling letters was prepared by Michigan for circulation among club presidents, county nurses and county chairmen of nursing service. Club presidents were invited to write about their achievements and their disappointments in their campaign to realize the slogan. They were urged to give their county nurses a big part in all their health programs, as the report of their work in the community would be of mutual benefit. County nurses were told that publicity is what their work needs, and that even though most nurses do not like to speak in public, it would be advisable for them to take a prominent part in health days on club programs.

"If you have never had a county nurse, your county is not having all that opportunity offers it," club presidents in counties without nurses were told, and aid was promised.

Below is a summary of the work planned by the State Federation to achieve "A Public Health Nurse for Every County" in Michigan.

Legislation:

Local: Secure appropriations by county boards of supervisors for public health work. Make permanent the public health program of your county by seeing that it is eventually supported by taxation.

Health agencies such as the Red Cross and Michigan Tuberculosis Association have demonstrated the value of public health work in the counties. It remains with the people—primarily, with the women—to put the work on a permanent basis.

If you have no county nurse, get one; if you have, keep her.

State: Permissive bill—authorizing the employment of public health nurses by the counties.

Legislation to regulate midwifery.

Use Your Ballot!

Under the Sheppard-Towner Act, the State Department of Health, Lansing, will assist with:

Little Mothers Leagues—prenatal care—help make prenatal, natal, and postnatal care possible for every mother—letters to expectant mothers from the State Department.

Mothers' classes—popularize breast feeding—every mother should have a duplicate of her baby's birth registration.

Diagnostic clinics—goiter prevention—tuberculosis eradication—children of preschool age—venereal diseases.

Free lectures, posters, and films.

Aid the Michigan Tuberculosis Association by:

Working for health legislation and adequate sanitarium beds.

Making a health survey of your county schools. Establishing Modern Health Crusade in every school.

Distributing educational health literature at public gatherings.

Formulating a committee to study "follow-up" and "after care" of tuberculosis patients returned from sanatoria.

Using the resources of the Tuberculosis Association; borrow films, slides, books; secure lectures on interesting topics; buy Christmas seals.

Coöperation with the Home Economics Extension Department of the Michigan Agricultural College.

Coöperation with the Extension Department of the University of Michigan.

Coöperation with the Red Cross—Central Division Headquarters is giving:

classes in Home Hygiene and Care of the Sick; classes in First Aid and Life Saving; health films, free literature.

Your Public Health Nurse will appreciate your coöperation in:

Survey of your community for various conditions.

Arranging clinics and doing the clerical work for some.

Securing tuberculin tested milk supplies.

Putting milk into the schools.

Establishing hot lunches in rural schools.

Giving publicity to public health work by being intelligently and actively interested.

Giving your nurse a place on every health program.

Creating a fund, even though it be small, for use of the Public Health Nurse in doing special work in your community. The returns will be manifold.

County public health work is not yet out of the pioneer stage, and it can have no better sponsors than the women's clubs.

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## JOHNNY—AND JOHNNY'S HOME CONDITIONS

Mary A. Myers, Executive Secretary of the Marion County Tuberculosis Association, sends this suggestive study. This is the sort of thing that makes us pause and question some of our fixed ideas.

Interesting facts about Johnny's physical welfare have come to light during studies made by the Marion County Tuberculosis Association (Indianapolis) in the development of its child nutrition programs throughout the city, rural and parochial schools and orphans' homes. The studies cover a period of two years and the glaring fact brought out is that Johnny, as a rule, seems to be better off physically under the system of training and the diets of the average orphanage than he is under the diets of a normal home and the system of living that goes generally with the average public or parochial school.

Johnny is the generic term used for the average child. The studies in Indiana show that Johnny is nearer normal weight for his height after a stay in an orphanage than he is living in a normal home and attending the average school. The Tuberculosis Association's experts have weighed and measured thousands of children in the Hoosier capital. Almost invariably a lower percentage of children are found underweight in the orphanage than in the schools which draw their attendance from homes of the middle or higher class. For example, the biggest school in the finest residential section of Indianapolis was found to contain approximately 40 per cent of its children underweight 7 per cent or more. Meanwhile a school in the worst residential section of the city, attended only by colored children, was found to have an underweight percentage of only 22 per cent. This discrepancy was apparent throughout the schools of the city, selected with reference to classes of homes from which the children came.

Then the Tuberculosis Association decided to study certain groups of children in private schools. Two schools were selected in a part of the city populated heavily by persons of German extraction. The families were of the well-to-do, sturdy type wherein good food abounds. Between 35 and 40 per cent of the children attending these schools were found to be underweight for their height. Meanwhile the German orphanage was studied. Here the children apparently were fed from huge stocks of carefully selected food such as milk, fresh vegetables, bread and butter, fruits and jellies, and followed a well regulated program. In one such home the almost negligible percentage of 3.3 was found underweight. The children of a colored orphans' home were weighed and measured and surprisingly enough only 4.3 per cent of them were underweight. Other orphans' homes throughout the city showed from 15 to 31 per cent of the children underweight—a much lower per cent than the per cent found in the normal schools of the city.

The studies stretched out into the county districts surrounding Indianapolis. Schools in small rural centers showed the per cent of underweight children running from 30 to 45.3 and the average for all these rural schools showed 37.7 per cent underweight.

# ACTIVITIES *of the* NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING

*Edited by* ANNE A. STEVENS

## THE RECLASSIFICATION OF NURSES

Your attention is called to

A BILL

To amend an Act entitled "The Classification Act of 1923" approved March 4, 1923.

"Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That the Personnel Classification Board created by an Act entitled 'The Classification Act of 1923,' approved March 4, 1923, be and the same is hereby abolished.

"Sec. 2. That the powers, duties, and functions by said Classification Act of 1923 vested in said Personnel Classification Board be, and the same are hereby, transferred to the United States Civil Service Commission."

You are urged to work for the support of this Bill, through your senators and representatives.

The enactment of this Bill into law will automatically accomplish the purpose of our previous contest against the classification of nurses as nonprofessional workers.

See the PUBLIC HEALTH NURSE for February, 1924, page 66.

ELIZABETH GORDON FOX,
*President, N.O.P.H.N.*

## CONVENTION NOTES

### LIST OF HOSTESSES

| | |
|---|---|
| Alabama | Bertha C. Clement |
| Arizona | Mrs. H. L. Hutchinson |
| Arkansas | Linnie Beauchamp |
| California | Mrs. Eleanor E. Hazen |
| Colorado | Dickie Boyd |
| Connecticut | Elizabeth Ross |
| Delaware | Marie T. Lockwood |
| Dist. of Columbia | Gertrude H. Bowling |
| Florida | |
| Georgia | Ann Marie Hellner |
| Idaho | Mrs. Lulu Eily |
| Illinois | Alice E. Dalbey |
| Indiana | Mary A. Meyers |
| Iowa | Jane W. Wiley |
| Kansas | Elizabeth V. Condell |
| Kentucky | Sue Parker |
| Louisiana | Mary V. Pagaud |
| Maine | |
| Maryland | Jane Newman |
| Massachusetts | Helen Fowles |
| Michigan | Mrs. Lystra Gretter |
| Minnesota | Ruth Houlton |
| Mississippi | Mary D. Osborne |
| Missouri | Mary E. Stephenson |
| Montana | Mrs. Ann K. Waring |
| Nebraska | Mrs. Leeta A. Holdrege |
| Nevada | |
| New Hampshire | Elena M. Crough |
| New Jersey | Annie Ewing |
| New Mexico | Helen B. Fenton |
| New York | Mathilde S. Kuhlman |
| North Carolina | Clara Ross |
| North Dakota | Louise Kinney |
| Ohio | Marguerite E. Fagan |
| Oklahoma | Rosalind McKay |
| Oregon | Cecil Shreyer |
| Pennsylvania | Netta Ford |
| Rhode Island | Annie Early |
| South Carolina | Ada Taylor Graham |
| South Dakota | Florence Walker |
| Tennessee | Abbie Roberts |
| Texas | L. Jane Duffy |
| Utah | Mrs. Jessie C. Hammond |
| Vermont | Rose A. Lawler |
| Virginia | Alice B. Dugger |
| Washington | Weenie Kapp |
| West Virginia | Mrs. Jean T. Dillon |
| Wisconsin | Mrs. Mary P. Morgan |
| Wyoming | Louise Buford |

*Watch for the blue and orange ribbon which the hostesses will wear.*

The list of hostesses appointed by the American Nurses Association will be found in the current "Green Journal."

### RADIO MESSAGES

Through the courtesy of Stations WCX and WWJ, it will be possible for the public and those nurses who cannot reach Detroit during the week of June 16 to 21, to tune in on several public health messages which will be

DR. GEORGE EDGAR VINCENT, A.B., PH.D., LL.D., President of the Rockefeller Foundation, New York City, member of the General Education Board and Honorary President of the Chautauqua Institution.

Dr. Vincent will speak at the Biennial Convention on "The Public and the Nurse."

broadcast during the evenings of Convention Week.

On June 16, from 7:30 to 7:40 P.M. Miss Adda Eldredge, President of the American Nurses' Association, will broadcast from Station WCX, the title of her talk being "The Place of Nursing in the World To-Day."

On June 17, Dr. Charles P. Emerson, Dean of the Indiana University School of Medicine, will broadcast from Station WWJ, from 9 to 9:10 P.M. The title chosen is "Communicable Diseases and You."

On June 18, Miss Elizabeth G. Fox, President of the National Organization for Public Health Nursing, will speak on "Nursing the Community," from Station WCX, between 7:30 and 7:40 P.M.

On June 19, Miss Laura R. Logan, President of the National League of Nursing Education, will broadcast from 9 to 9:10 P.M. from Station WWJ. Her message will deal with "Preparing the Nurse for Her Work."

It is hoped that upon his return from Europe, Dr. George Vincent will agree to broadcast some public health message on Friday evening of Convention Week.

It is suggested that those who have radio sets make an early notation of these dates on their radio calendars.

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## THE VOCATIONAL ROUND TABLE

1. What are the policies of the Vocational Department of the N.O.P.H.N. in regard to the collection and use of credentials concerning nurses? Are these policies sound?

2. What constitutes a satisfactorily written credential?

3. Under what circumstances may a credential be discussed with the nurse concerning whom it has been written?

4. Should a credential consist of an estimate of an individual nurse's qualifications as a health worker in general or her fitness for a specific position?

5. What are the ethics of approaching a public health nurse in soliciting her interest as possible candidate for a position when she is not seeking a new opportunity? Should the organization by which she is employed be consulted beforehand, advised concurrently, or after the nurse is approached?

6. To what extent can the N.O.P.H.N. endorse local organization to which it re-

fers public health nurses for filling vacancies?

7. Should a public health nurse feel any reluctance about making direct application to a local organization as a candidate for filling a vacancy? Should she wait until she is invited to consider a position before indicating her interest? Does making such a direct application detract from a public health nurse's desirability as a candidate?

8. What can nurses throughout the country do to improve the service of the Vocational Department? What can organizations in local communities do to improve this service?

These are some of the questions we want you to be thinking about and come prepared to discuss pro and con at the Detroit Convention. Ask the nurses and Board members who are not coming to the Convention what they think about them. Doubtless other questions will arise; bring them to the Vocational Round Table. Remember that the Vocational Department is *your* Department just as the N.O.P.H.N. is *your* organization. The Vocational Department activities are important when considered as a vocational service only, but far more important when considered as an avenue through which all the other services of the N.O.P.H.N. may be made available, particularly to isolated organizations and to nurses working alone. If its opportunities are great, then its responsibilities are greater. The Vocational Department is an extremely busy Department and has almost unbounded opportunity for growth. We all want it to be just as effective as it can possibly be made. We all want it to grow in usefulness as it grows in *stature*. It needs and wants the best thought that can be put into it. It needs and wants an interpretation of every part of the country. Soon it will announce the appointment of an advisory committee and regional advisor. These will help greatly but always it will want constructive criticism from the rank and file. Write us your ideas when you cannot speak them, and don't fail to take your *biennial* chance to talk. Come to the Vocational Round Table on Tuesday, June 17—4:30 to 6 P.M.

ANNA L. TITTMAN

## INTERESTING FEATURES AMONG THE EXHIBITS

The National League of Nursing Education will exhibit slides on the history of nursing and life of Florence Nightingale, pamphlets, calendars and portraits.

*The American Journal of Nursing* will have some interesting things to tell you about your state and *Journal* circulation. There will be copies of the magazine, reprints and pamphlets for you to look over.

The booth of the National Organization for Public Health Nursing will offer everyone an opportunity to familiarize themselves with the latest literature published in connection with public health nursing, and also to refresh their thoughts concerning the organization itself. There will be recent copies of THE PUBLIC HEALTH NURSE, the official organ of the N.O.P.H.N. Reprints will also be there for your inspection. One of the secretaries will be in attendance at the booth.

The Section on Government Nursing Services will exhibit pictures of the work of the Nurse Corps of the Army, Navy, Public Health Service and Veterans' Bureau. There will be dolls dressed in the regulation uniforms of these services.

Nursing, Public Health Nursing, and Home Hygiene and the Care of the Sick, the three services of the American Red Cross, will be represented by a booth with colored panels, illustrating phases of the service activities, and photographs continuing the pictorial narrative.

The National Health Council and seven of its member organizations will show pamphlets and material of special interest to nurses, contributed by the American Child Health Association, American Society for the Control of Cancer, American Public Health Association, American Red Cross, National Committee for Mental Hygiene, National Committee for the Prevention of

Blindness and the National Tuberculosis Association.

Problems of the public health movement in the immediate future, illustrated by charts, will be shown by the Metropolitan Life Insurance Company.

Among the publishers who will display their latest and best works on nursing and allied subjects are W. B. Saunders Co., the Macmillan Co., and the J. B. Lippincott Co.

Other exhibitors include, Horlick's Malted Milk Co., Mellins Food Co., the Nujol Laboratories of the Standard Oil Co., the Pepsodent Co., Morse & Burt Co., Denver Chemical Co., manufacturer of Antiphlogistine, Walter Janvier, Inc., distributor of Kellogg's Tasteless Castor Oil, and the Cereal Soaps Co.

### TRANSPORTATION

A reduction of one and one-half fare on the "certificate" plan will apply for members attending the Biennial National Nursing Convention held at Detroit, Michigan, June 16–21, 1924.

Be sure that, when purchasing your going ticket you request a CERTIFICATE.

Immediately on your arrival at the meeting present your certificate at the Transportation Desk for endorsement by the representative of your respective organization, as the reduced fare for the return journey will not apply unless you are properly identified as provided for by the certificate.

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**TABLE PREPARED BY STATISTICAL DEPARTMENT MAY 2, 1924**

**Number of Voluntary Agencies in the United States, employing three or more Public Health nurses, which give Obstetrical or Prenatal Service, with number of Graduate Nurses employed, listed by States, showing number of cities represented in each State.**

| States (1) | Number of Cities (2) | Number of Agencies (3) | Services Given | | Number of Graduate Nurses (6) |
|---|---|---|---|---|---|
| | | | Prenatal (4) | Obstetrical (5) | |
| Total | 196 | 206 | 206 | 193 | 2704 |
| Arizona | 1 | 1 | 1 | 1 | 3 |
| California | 9 | 9 | 9 | 7 | 86 |
| Colorado | 3 | 3 | 3 | 3 | 23 |
| Connecticut | 12 | 12 | 12 | 12 | 139 |
| Delaware | 1 | 1 | 1 | 1 | 13 |
| District of Columbia | 1 | 1 | 1 | 1 | 27 |
| Florida | 1 | 1 | 1 | 1 | 5 |
| Georgia | 4 | 4 | 4 | 3 | 37 |
| Illinois | 11 | 13 | 13 | 11 | 218 |
| Indiana | 8 | 8 | 8 | 7 | 66 |
| Iowa | 7 | 7 | 7 | 7 | 38 |
| Kansas | 4 | 4 | 4 | 4 | 32 |
| Kentucky | 3 | 3 | 3 | 3 | 39 |
| Louisiana | 1 | 1 | 1 | 1 | 34 |
| Maine | 1 | 1 | 1 | 1 | 5 |
| Maryland | 2 | 2 | 2 | 2 | 60 |
| Massachusetts | 25 | 25 | 25 | 25 | 293 |
| Michigan | 4 | 6 | 6 | 6 | 109 |
| Minnesota | 4 | 5 | 5 | 4 | 52 |
| Missouri | 3 | 3 | 3 | 3 | 82 |
| Nebraska | 1 | 1 | 1 | 1 | 23 |
| New Hampshire | 5 | 6 | 6 | 5 | 31 |
| New Jersey | 9 | 9 | 9 | 9 | 63 |
| New York | 19 | 22 | 22 | 19 | 519 |
| North Carolina | 3 | 3 | 3 | 3 | 26 |
| Ohio | 10 | 11 | 11 | 10 | 172 |
| Oklahoma | 2 | 2 | 2 | 2 | 17 |
| Oregon | 2 | 2 | 2 | 2 | 17 |
| Pennsylvania | 14 | 14 | 14 | 14 | 254 |
| Rhode Island | 7 | 7 | 7 | 7 | 79 |
| South Carolina | 2 | 2 | 2 | 2 | 9 |
| South Dakota | 1 | 1 | 1 | .. | 3 |
| Tennessee | 2 | 2 | 2 | 2 | 24 |
| Texas | 5 | 5 | 5 | 5 | 31 |
| Vermont | 1 | 1 | 1 | 1 | 4 |
| Virginia | 3 | 3 | 3 | 3 | 21 |
| Washington | 3 | 3 | 3 | 3 | 20 |
| West Virginia | 1 | 1 | 1 | 1 | 4 |
| Wisconsin | 1 | 1 | 1 | 1 | 26 |

Explanation on Following Page

In July, 1923, a list was made of all the voluntary organizations in the United States employing public health nurses which were recorded in the files of the National Organization for Public Health Nursing. Questionnaires sent in by these organizations have been studied to determine the approximate number of community nursing organizations having staffs of three or more nurses which gave any form of prenatal or obstetrical service. It was found that 206 organizations satisfied these conditions.

In interpreting the table which summarizes information secured through the questionnaires, several explanatory notes are required:

I. Two hundred and six organizations reported that they gave prenatal service. These organizations are listed in column 4.

II. One hundred and ninety-three of the 206 organizations reported that they gave so-called obstetrical care. These organizations are listed in column 5. This obstetrical care may mean postpartum care or it may mean both postpartum and delivery care.

With the development of obstetrics, a complete obstetrical or maternity service has come to include care during the prenatal period, care at delivery, and care during the postpartum period. The first of these services to be given by Public Health Nursing organizations was the care during the postpartum period, which in many instances was called the obstetrical service. This has led to the rather common use of obstetrical as a synonym for postpartum and the designation of the prenatal and delivery services as separate services.

However, it does not seem probable that 193 of the 206 organizations, or 93 per cent, did give a delivery service.

III. The number of nurses employed by these organizations given in column 6, signifies the total number employed for all public health nursing services, and not the number employed for prenatal and obstetrical services only.

Of the 206 agencies listed, the reports of 4 are dated previous to 1922; 185 are dated 1922; and 15 are dated 1923. Therefore, this table presents only an approximation of the number of services which were being carried on in 1922. However, it does suggest the uses which may be made of the data gathered in the Census of Public Health Nursing, now being taken. The Census, it is hoped, will give the number of all organizations on January 1, 1924. The Census form, which is being sent each organization which has a public health nursing service as a major activity, asks for information regarding the nursing program of the organization. The fact that we could not give more specific information in this table indicates the importance of assembling complete and accurate statements regarding nursing program.

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We greatly regret that Miss Stevens will not be able to attend the Convention. She is, however, we are glad to say, progressing very satisfactorily following her sojourn in the hospital in January, and we hope will be able to take up her work again in the early autumn.

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**If you cannot attend the Convention—you can vote by mail. See ballot in May PUBLIC HEALTH NURSE.**

# REVIEWS AND BOOK NOTES

## THE ELEMENTS OF VITAL STATISTICS IN THEIR BEARING ON SOCIAL AND PUBLIC HEALTH PROBLEMS

*By Sir Arthur Newsholme, K.C.B., M.D., F.R.C.P.*

D. Appleton and Company, New York, 1924. $7.50.

It has been rightly said that vital statistics form the very foundation upon which administrative health work must be built. This book, embodying the wide experience of the author in the fields of public health, deals with the compilation and interpretation of vital statistics and shows the value of the application of statistical methods to administrative procedures. It summarizes valuable information on different social and public health problems and will serve as a source of trustworthy data. Illustrations of practical problems are appended to many chapters. In the words of the author, "The present volume is intended for those not equipped for higher mathematical investigations, which must remain the important function of a limited few."

Nurses as a rule keep very complete records, which, if properly analyzed, may be of immense value to their organizations and to other health workers. Directors of nursing organizations and their registrars, as well as other public health and social workers will find this new edition of a classic first published in 1889 of immense value in the analysis of activities and the evaluation of results. A copy should be found in the library of every large nursing organization.

IRA V. HISCOCK

## INDUSTRIAL HEALTH

***George M. Kober and Henry R. Hayhurst, Editors***

P. Blakiston's Sons & Co., Philadelphia, 1924. $15.

This work constitutes an extensive r vision of "Diseases of Occupation and Vocational Hygiene" edited by Dr. Kober and Dr. W. C. Hanson and issued by the same publishers in 1916. The editing has been so conscientiously performed and wholly new material added in such quantities that the volume may be considered as one presenting authoritatively in almost all its sections the best current opinion.

It is unfortunate that books such as this must be sold at a price which tends to deter prospective, even predisposed, purchasers. A coefficient representing its equivalent cost in terms of food or raiment may appear high, but to those engaged in considering problems of industrial hygiene this book is more precious than much fine linen and worth a few pangs of hunger. In its field it is the best single source of information available.

There is included a chapter on industrial nursing written by Miss Florence Swift Wright, R.N. It is not long but is very full of good counsel, a happy expression of standards and ideals cherished by many others less clearly articulate.

Public Health nursing in industrial communities is necessarily industrial nursing and nurses so employed, for the sake of doing a good job, should browse about in Kober and Hayhurst, begged, borrowed or—bought.

WADE WRIGHT, M.D.

## PIERRE CURIE

*By Marie Curie*

*Translated by Charlotte and Vernon Kellogg*

Macmillan Company, New York, 1923. $2.25.

We have been admonished that we must stick strictly in this department to publications of professional interest and not wander off into by-ways, such as fiction, plays, biographies, etc. But we think even our admonishers will agree that we are justified in saying a word about this picture of a great scientist and a great discovery, written by the equally great co-worker and discoverer.

Here is plain truth told with the utmost simplicity—more thrilling than any fiction.

The book, of only 342 pages, contains not only the life of Pierre Curie written with exquisite understanding and dignity by his wife, but also four chapters of autobiographical notes by Marie Curie and a foreword by Mrs. William Brown Meloney.

The story of their patient research and final reward is but part of the interest this book arouses. The picture of these two lives, extraordinary in their steadfast devotion to the science they had chosen as their life work, their modesty, simplicity and greatness, is of equal interest.

Madame Curie says of her husband:

I have attempted to evoke the image of a man who, inflexibly devoted to the service of his ideal, honored humanity by an existence lived in silence, in the simple grandeur of his genius and his character. He had the faith of those who open new ways. Believing only in the pacific might of science and reason, he lived for the search of truth. Without prejudice or *parti pris*, he carried the same loyalty into his study of things that he used in his understanding of other men and of himself. Detached from every common passion, seeking neither supremacy nor honors, he had no enemies, even though the effort he had achieved in the control of himself had made of him one of those elect whom we find in advance of their time in all the epochs of civilization. . . .

It is useful to learn how much sacrifice such a life represents. A great discovery is the fruit of accumulated preliminary work. Pierre Curie used sometimes to say to me: "It is nevertheless hard, this life that we have chosen."

As for the autobiographical notes, we have read nothing of late which seems to us to hold greater inspiration. The genius, the fineness of spirit, the complete disinterestedness and courage of this remarkable woman shine out on every page.

It is perhaps not known that during the War, while Madame Curie and her daughter were attached to the Belgian Ambulance Service, Madame Curie, realizing the difficulty of finding trained assistants to operate her apparatus, proposed to the Health Service to add a department of radiology to the Nurses School just founded at the Edith Cavell Hospital. This was arranged in 1916, and the graduates, some capable of independent work, made excellent aides to the physicians.

## A LIST OF FOREIGN NURSING PUBLICATIONS

### GREAT BRITAIN AND IRELAND

*The British Journal of Nursing.* Journal of the National Council of Trained Nurses of Great Britain and Ireland, Mrs. Bedford Fenwick, Editor, 431 Oxford St., London, W.

*The Nursing Mirror.* The Editor, The Nursing Mirror, "The Hospital" Building, 28–29 Southampton St., Strand, London, W. C. 2.

*The Nursing Times.* The Editor, Nursing Times, Messrs. Macmillan Co., St. Martins St., London, W. C. 2.

*Queen's Nurses Magazine.* Queen Victoria's Jubilee Institute for Nurses, Miss G. H. Vaughan, 52 Gloucester St., London, S. W. 1.

### CANADA

*The Canadian Nurse.* Canadian National Association of Trained Nurses, Miss Helen Randal, Editor and Business Manager, Vancouver Block, Vancouver, B. C., Canada.

### AUSTRALIA

*The Australasian Nurses' Journal.* Journal of the Australasian Trained Nurses Association, British Medical Assn. Bldg., 30–34 Elizabeth St., Sydney, N. S. W.

*Una.* The Royal Victorian Trained Nurses Association, The Editor, Equitable Bldg., Collins Str., Melbourne, Victoria.

### NEW ZEALAND

*Kai Tiaki.* The New Zealand Trained Nurses Assn., Miss Maclean, Health Dept., Old Parliament Bldgs., Wellington.

### SOUTH AFRICA

*The South African Nursing Record.* South African Trained Nurses Assn., Dr. John Tremble, Editor, P. O. Box 14, East London, S. A.

### INDIA

*The Nursing Journal of India.* Trained Nurses Assn. of India. Editor, Miss Thacker, Cama Hospital, Bombay, India.

### FRANCE

*L'Ifirmière Francaise.* A. Poinat, Editeur, 21 Rue Cassette, Paris VI.

*La Dame a la Lampe.* Bulletin de L'École Florence Nightingale, 21 Rue Cassignol, Bordeaux.

### ITALY

*Le Bolletino.* National Association of Italian Nurses.

### BELGIUM

*Revue de L'Infirmière.* Fédération Nationale des Infirmières Belges, 47, Rue de Joncker, Bruxelles.

### GERMANY

*Unterm Lazaruskreux.* (Has not been issued since July, 1923.)

HOLLAND

*Nosokomos.* Organ van de Nederlandsche Vereinigung, N. Z. Voorbargval 232, Amsterdam.

DENMARK

*Tidsskrift for Sygepleje.* Dansk Sygeplejeraad, Mrs. M. Koch, 29 Frederiksborggade, Denmark.

NORWAY

*Sykepleien.* Nordsk Sykepleierske-Forbund, Sister Bergliot Larsson, 12 Universitetsgt, Christiania.

SWEDEN

*Svensk Sjukskotersketidning.* Sister Bertha Wellin, 12 Barnhusgaten, Stockholm.

FINLAND

*Epione.* (Partly in Swedish and partly in Finnish.) Sjukskotersforeningen i Finland, Miss Olga Lackstrom, 14 Nicolajgaten, Helsingfors.

CHINA

*The Quarterly Journal for Chinese Nurses.* (Partly in English and partly in Chinese.) Nurses Assn. of China. Miss Cora Simpson, 700 Dixwell Road, Shanghai.

LEAGUE OF RED CROSS SOCIETIES

*The World's Health.* 2, Avenue Velasquez, Paris, France.

*Nursing Supplement.* Published in mimeographed form.

THE INTERNATIONAL COUNCIL OF NURSES

*The Bulletin.* The Secretary, Council of Nurses, care Teachers College, Columbia University, New York.

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### *Government Publications*

The Children's Bureau has published a number of valuable pamphlets since our last note on their publications:

No. 93. Child Labor — Outlines for Study.

No. 114. Child Labor in the United States—Ten Questions Answered.

No. 131. State Commissions for the Study and Revision of Child Welfare Laws.

No. 127. Child Welfare in the Insular Possessions of the U. S.—Porto Rico.

No. 128. Illegitimacy as a Child Welfare Problem. Part 3. Care in Selected Urban and Rural Communities.

A new edition of the leaflet giving all the publications of the Bureau is now available. Address, Children's Bureau, Washington, D. C.

The Federal Board for Vocational Education:

Bulletin No. 80—Vocational Rehabilitation; Its Purpose, Scope and Methods.

U. S. Public Health Service Reports:

Indices of Nutrition—Reprint No. 842.

Some Tendencies Indicated by the New Life Tables—Vol. 39. No. 15 (with charts, graphs and tables).

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*Child Health Program for Parent-Teacher Associations and Women's Clubs,* Health Education No. 5, Department of the Interior, Bureau of Education, Washington, D. C. This is a new edition of Lucy Wood Collier's excellent pamphlet, revised (1924) by Harriet Wedgwood. Price, 5 cents.

These captivating figures are published by the American Child Health Association in poster form—blue and buff—size, 50" x 10"—price, 10 cents each, including postage—370 Seventh Avenue, New York City.

# RED CROSS PUBLIC HEALTH NURSING

*Edited by* ELIZABETH G. FOX

## A MODERN BATTLE

ONE of the historical battlefields of our country lies in the Cumberland Mountains where Virginia, Tennessee and Kentucky join borders. A battle has been fought there recently without the firing of a single shot or the presence of a single soldier in arms. It was a battle against disease and the soldiers were doctors and nurses and the willing, helpful students of a unique institution, The Lincoln Memorial University.

Twenty-six years ago this school was founded by General O.O. Howard in direct response to a plea made for these people by none other than the great Lincoln himself. These mountaineers were his own people.

On January 4, 1924, the enrollment of the University was 410, 300 of whom lived in the halls of the institution, the remainder being special or day students. A number of these boys and girls have no other home except the one furnished by the University.

An industrial department and an agricultural department are maintained which furnish opportunities for the many students who "work their way." A credit system is maintained for each student and this with the aid of scholarships and loans permits many to "earn a while" and then "learn a while."

An incident in the school's history may illustrate the eagerness with which these mountain folk seek opportunity. A large, lank mountaineer about twenty came to the school last fall. He had heard that the University offered a chance to the mountain boy. He had had very meager schooling, probably about to the fourth grade. He walked nearly a hundred miles through the hills to get there, working his way. He had eight dollars of money which he asked to turn into the office on entrance. The University being crowded to capacity, he was told there was no room for him. There was absolutely not even a place for him to sleep. He answered, "I didn't come here to sleep. I came to git an eddication." Needless to say they found room for him. In the few intervening months he had progressed to about the seventh grade.

But to get to the story of the modern battle. The winter term had fairly begun when a mass infection of typhoid overtook the school and between January 26 and February 29, over one hundred of the three hundred exposed became ill with typhoid fever. Many of the parents, hearing of the situation, sent for their children, other students became frightened and left, but about one hundred and fifty remained in addition to the sick. These were promptly vaccinated against typhoid.

Traditionally stoical, the ill mountaineer boys and girls kept up as long as possible. When the faculty realized the situation and nurses were secured, many of the students were well into their second week and a large percentage had early and severe hemorrhages and some deaths were inevitable. The American Red Cross appropriated $10,000 to help meet this emergency and it has been my privilege to help in a small way.

On January 31 the first nurses arrived from Knoxville, and an organization was gradually developed. The girls' dormitory was converted into a hospital. Thirty nurses were on duty by February 15. Two local doctors spent all of their time at the hospital. Each floor of the hall had two large bath rooms near the ends. One of these was converted into a diet kitchen and the other into a utility room. All excreta was disinfected and then carried to a tank outside under which was kept a constant fire. All garbage, sweepings, and other refuse

were burned there also. No laundry was available, so all laundry was disinfected and sent wet by truck to the nearest town, six miles away. Very little outside help was available, in fact, cooks and other domestic help left because of fear. But the students went valiantly to work. The orderly service and the cooking, "carrying and fetching" and the like were done by students in six-hour shifts. This made organization difficult, and service somewhat less efficient, and eternal vigilance on the part of the nurses imperative, but it seemed the only way.

The heroism and devotion of nurses has long been proverbial in the nursing of typhoid fever but in this eight weeks' struggle with an epidemic that for severity and high death rate will became a classic in epidemiology, no tribute is too exaggerated to pay to the devotion, skill and faithfulness of the nurses who answered this summons. Among them were veteran nurses of twenty-five years of experience with this grave disease and there were those who but a few months ago left their Alma Mater. For them it has been a valuable postgraduate course. Yes, there was the exceptional nurse, who attempted to take advantage of the situation but, for the most part, "the great adventure" of saving lives far outweighed the disorganization, the unprecedented difficulties, or the fatigue that under less challenging conditions would have overcome them. It was the heroism and stoicism, the unfailing gratitude of patients and their families, the pathos, the travesty of it all in these beautiful, quiet hills that stimulated one to almost superhuman performance.

One little mountain woman who sat by her dying daughter, in a room with two other desperately ill girls, displayed a fortitude and consideration for others that could not be surpassed. As the daughter breathed her last, she said quietly to the nurse, "May I take my little girl downstairs where it will be quieter for her?" That was all. No sign to tell the others sick nearby that the Angel of Death had come. No selfish display of grief or emotion. In the depths of her own trouble quietly considerate for others. Such are the mountain folk!

The boy who walked so far to reach the University had been a general favorite with the nurses from the time when he confided to the President his bashful "Gosh, Doctor, them gals washed me!" to the time when he was able to have his toothbrush. As it was brought to him he said, "Now I ain't complained at anything ye've done but I'm agoin' to if ye give me a second-hand toothbrush."

As this is being written there are sixteen patients still ill. There remain two special and six general nurses in the hospital.

The scientific details of this epidemic will be made available through publications of the State and United States Public Health Service.

Some beneficial changes for the school will result from this tragedy. There is to be a Red Cross Public Health Nurse on the faculty who will teach Home Hygiene and Care of the Sick, supervise the health of students and the sanitation of buildings, and will confer with the Home Economics Department in regard to the relation of diet to health. The Home Economics teacher in the future is to plan the Hall menus. A permanent Campus Health Committee has been appointed and a continuous health contest will be carried on with annual celebrations and prizes for personal and hall cleanliness. Health information is to be distributed through the columns of the school paper.

The calamity may prove a blessing in disguise for it has brought to the attention of many the wonderful work that the University is doing for these pure blooded Americans who have been so long neglected by our leaders (though many leaders have come from these very mountain fastnesses) and our philanthropic organizations and foundations.

JANE VAN DE VREDE,
*Director of Nursing, Southern Division, American Red Cross.*

# NEWS NOTES

## ANNUAL REPORTS

*Waterbury, Conn.*

The Waterbury Visiting Nurses Association in their annual report show their accomplishments under the caption, "Joys of 1923." First among these is the addition of an eleventh nurse to their staff. 32,644 visits were made to 7,707 people. Of these visits, 22,722 were made to 3,315 sick people. One in five of the babies born in Waterbury in 1923 was under the daily care of a visiting nurse for the first week or ten days after birth. One in eleven of their mothers was visited and advised by the nurse during the time before the baby came.

Among their regrets is the fact that 84 per cent of their time had to be spent in bedside nursing and only 16 per cent in preventive work. They had to refuse many requests from mothers who wanted care at time of delivery because they had not enough nurses.

Accompanying this brief report is a little booklet entitled, "The Brown Family," an interestingly told story, showing exactly the reconstructive work done in one of their families—a very good bit of publicity.

M. A. B.

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*Worcester, Mass.*

The Worcester Society for Visiting Nursing has made several important changes during the year. Because of the increase in the staff of nurses in the Department of Health, all of the tuberculosis work except for bedside care, and a considerable part of the preschool work has been turned back to the city.

In September the work became generalized and the change is proving most satisfactory in every way.

During July and August groups of tuberculosis contacts with their mothers were sent to camps in the mountains for periods varying from five to twelve weeks. The Lions' Club arranged with the Associated Charities and the District Nursing Society to entertain 100 children each Saturday at their home in East Princeton. The summer camp at Stirling also cared for many of the children.

The Society has a corps of 38 nurses. Two of these are endowed. They made 45,962 nursing calls on 5,985 patients, 30,770 infant welfare visits, and 5,577 prenatal visits, besides work in 6 health stations and 5 milk stations. They still have a nurse in the boot and shoe factory, and a nurse visits the Girls' Welfare Society once a week to advise and teach the young mothers there.

They have a budget of $66,518.42, of which $39,800 is received from the Worcester Welfare Federation, $9,698.32 from the Metropolitan Life Insurance Company, $6,205.85 from pay cases and the remainder from private contributions and investments.

M. A. B.

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The Washington Visiting Nurse Society through the gift of one of its founders, Miss Emily Tuckerman, has received its first large bequest of $20,000. The Society which Miss Tuckerman founded in 1900 with one nurse now has a staff of 32 nurses, a director, an assistant director, three supervisors, and also four automobiles.

Miss Tuckerman for many years contributed towards the salary of a nurse and the interest from the investment of the fund which she has now left the organization will continue to provide this salary.

Interest of civic organizations in the Society is manifested by the fact that in 1923 the Rotary Club donated a Ford sedan and in January, 1924, the Kiwanis Club presented a second sedan plus the salary of a nurse ($1,400) for a year.

*Norfolk, Va.*

The twenty-seventh annual report of the Norfolk (Virginia) City Union of the Kings' Daughters, which conducts the visiting nurse work and clinics for children, shows the work for 1923 has grown steadily.

One of the new developments has been the establishment through the cooperation of the American Red Cross of a prenatal clinic which has been held weekly at the Red Cross station since June. Their delivery service showed 308 cases cared for. The children's clinic is meeting one of the greatest needs of the city and has grown steadily. In 1923, 2,047 children attended with a total attendance of 10,766 visits. In the Feeding Clinic 800 babies are under supervision. As a result of this health education the infant mortality shows a steady decline from 138 deaths per 1,000 living births in 1918 to 86 deaths per 1,000 living births in 1922 with a prospect of an even better rate for 1923.

The work is supported by the Circle of the Order, by donations from other organizations and private contributions, and by the city of Norfolk which appropriated $6,000 and also gave $100 to the milk fund. They also received $750 from Sheppard-Towner Funds. An endowment fund has been started with $1,796.20 given at the time of publishing of the report.

A small fee is charged to those able to pay. There is also a paid hourly service for the general public.

The staff consists of 14 nurses, 4 of whom are colored.

M. A. B.

## NEWS NOTES

It is with great regret we announce the resignation from the staff of the American Child Health Association of Miss Sally Lucas Jean and Miss Marie L. Rose, so well known and beloved by all public health nurses. It would be difficult to put in words what their generous service and advice during the life of the Child Health Organization has meant to all public health nurses. Miss Jean and Miss Rose have also done more perhaps than any one else to initiate nurses into a true understanding of the new American Child Health Association.

*Our President Coming in Second in the Potato Race on the S. S. America*

Miss Miriam Ames, who has recently been with the Boston Community Health Association as a Supervisor, has been appointed Director of the Albany Guild for Public Health Nursing, Albany, N. Y.

Miss Maud Ferguson has been appointed Director of Nursing of the Rutherford County Child Health Demonstration in Murfreesboro, Tennessee.

Mrs. Mary Breckinridge has just returned from England where she took a course in midwifery at the British Hospital for Mothers and Babies at Woolwich. Mrs. Breckinridge passed the examination of the Central Midwifery Board of England and is therefore now enrolled as a certified midwife.